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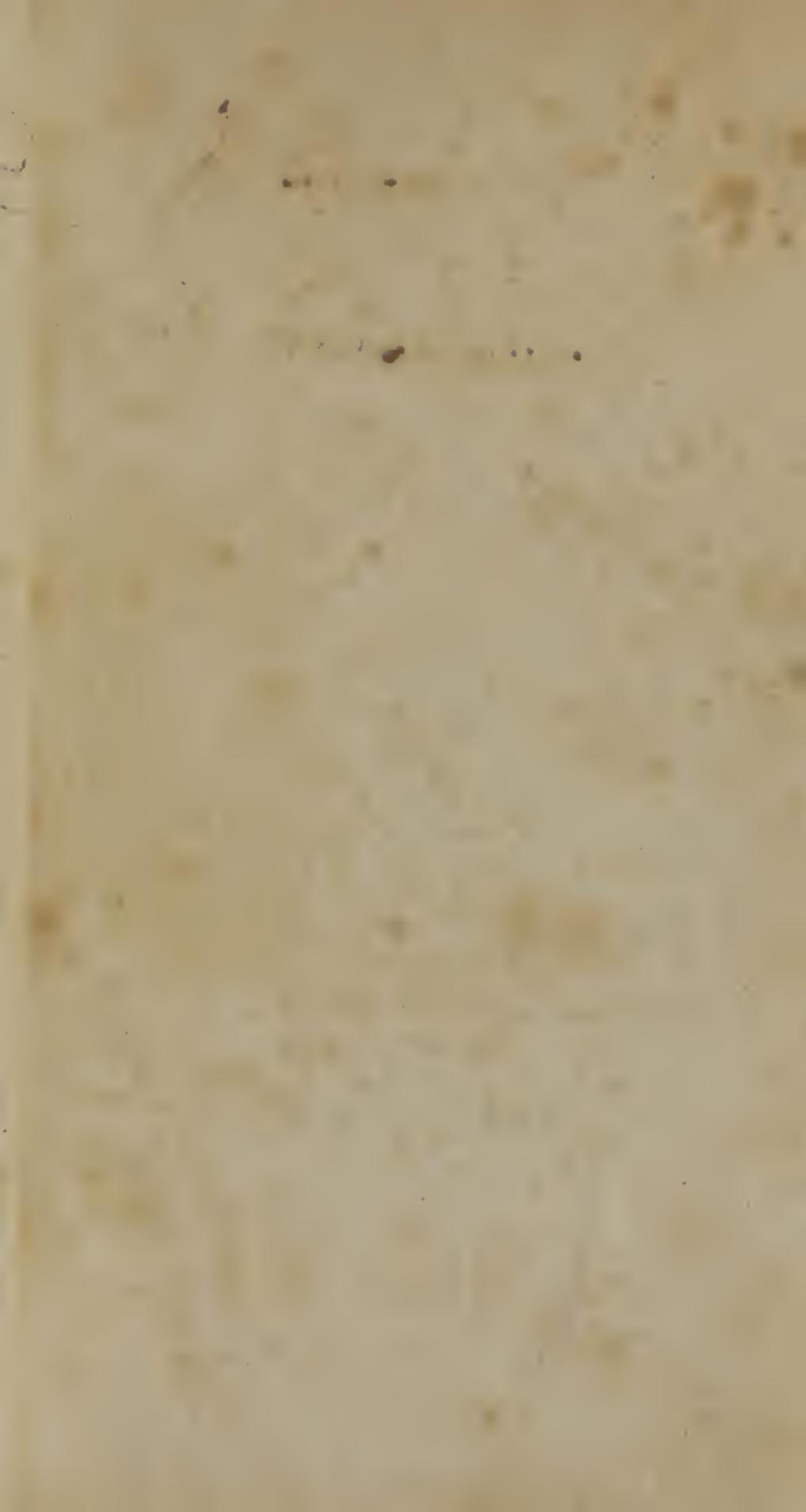


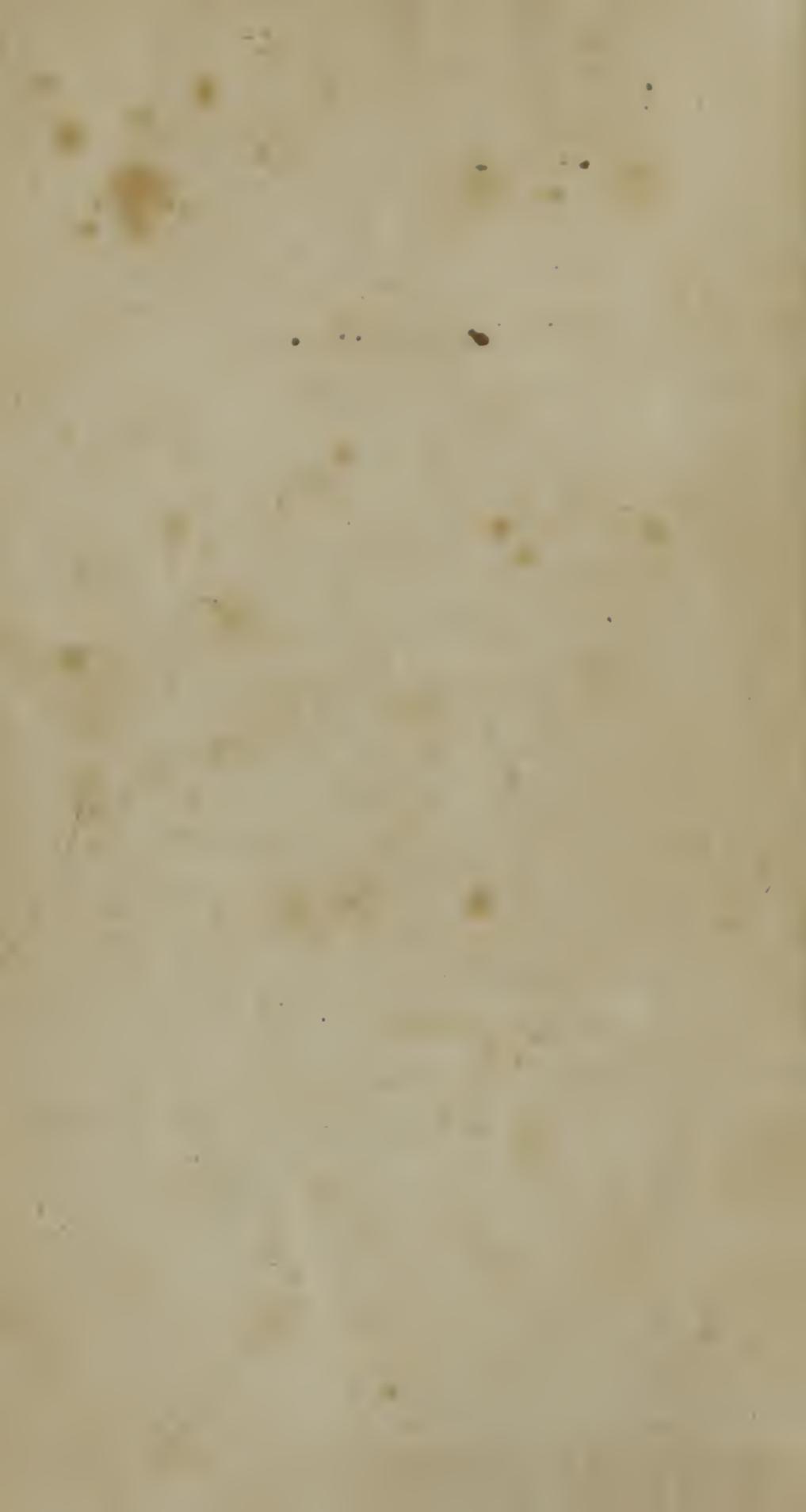
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FIRST LINES
John B. of THE Craighead
PRACTICE OF PHYSIC.

BY

WILLIAM CULLEN, M. D.

LATE PROFESSOR OF THE PRACTICE OF PHYSIC, IN THE UNIVERSITY OF
EDINBURGH, &c. &c.

WITH

NOTES AND OBSERVATIONS,

PRACTICAL AND EXPLANATORY,

A PRELIMINARY DISCOURSE,

IN DEFENCE OF CLASSICAL MEDICINE,

AND

AN APPENDIX,

BY CHARLES CALDWELL, M. D.

PROFESSOR OF THE INSTITUTES OF MEDICINE IN TRANSYLVANIA UNIVERSITY.

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CONTENTS

OF

THE SECOND VOLUME.

BOOK IV.

	PAGE
CHAP. VI. Of the MENORRHAGIA, or the Immoderate Flow of the Menses, - - - - -	1
VII. Of the Leucorrhœa, Fluor Albus, or Whites, - - - - -	11
VIII. Of the Amenorrhœa, or Interruption of the Menses, - - - - -	16
IX. Of Symptomatic Hæmorrhagies, - - - - -	26
SECT. I. Of the Hematemesis, or Vomiting of Blood, - - - - -	27
II. Of the Hematuria, or the Voiding of Blood from the Urinary Passage, - - - - -	35

BOOK V.

OF PROFLUVIA, or Fluxes, with Pyrexia, - - - - -	41
CHAP. I. Of the Catarrh, - - - - -	42
II. Of the Dysentery, - - - - -	52

PART II.

OF NEUROSES, or Nervous Diseases, - - - - -	64
---------------------------------------------	----

BOOK I.

OF COMATA, or the Loss of Voluntary Motion, - - - - -	65
CHAP. I. Of Apoplexy, - - - - -	66
II. Of Palsy, - - - - -	87

BOOK II.

OF ADYNAZIA, or Diseases consisting in a Weakness or Loss of Motion in either the vital or natural Func- tions, - - - - -	99
CHAP. I. Of Syncope, or Fainting, - - - - -	99
II. Of Dyspepsia, or Indigestion, - - - - -	108
III. Of Hypochondriasis, or the Hypochondriac Af- fection, commonly called Vapours or Low Spirits, - - - - -	124

CONTENTS.

PAGE

BOOK III.

	PAGE
OF SPASMODIC AFFECTIONS WITHOUT FEVER,	136
SECT. I. Of the Spasmodic Affections of the Animal Functions,	137
CHAP. I. Of Tetanus,	139
II. Of Epilepsy,	155
III. Of the Chorea, or Dance of St. Vitus,	179
SECT. II. Of the Spasmodic Affections of the Vital Functions,	182
CHAP. IV. Of the Palpitation of the Heart,	182
V. Of Dyspnoea, or Difficult Breathing,	185
VI. Of Asthma,	188
VII. Of the Chincough, or Hooping Cough,	199
SECT. III. Of the Spasmodic Affections in the Natural Functions,	210
CHAP. VIII. Of the Pyrosis, or what is named in Scotland, the Water-Brash,	210
IX. Of the Colic,	214
X. Of the Cholera,	223
XI. Of Diarrhoea, or Looseness,	231
XII. Of the Diabetes,	247
XIII. Of the Hysteria, or the Hysteric Disease,	253
XIV. Of Canine Madness and Hydrophobia,	260

BOOK IV.

OF VESANIA, or of the Disorders of the Intellectual Functions,	264
CHAP. I. Of Vesaniæ in general,	264
II. Of Mania, or Madness,	280
III. Of Melancholy, and other forms of Insanity,	290

PART III.

OF CACHEXIES,	299
----------------------	-----

BOOK I.

OF EMACIATIONS,	300
------------------------	-----

BOOK II.

OF INTUMESCENTIA, or General Swellings,	310
CHAP. I. Of Adipose Swellings,	311
II. Of Flatulent Swellings,	315
III. Of Watery Swellings, or Dropsies,	325
SECT. I. Of Anasarca,	336
II. Of the Hydrothorax, or Dropsy of the Breast,	356
III. Of the Ascites, or Dropsy of the Lower Belly,	361
CHAP. IV. Of General Swellings, arising from an increased bulk of the whole substance of particular parts,	366
Of Rachitis, or Rickets,	367

CONTENTS.

	PAGE
BOOK III.	
OF THE IMPETIGINES, or Depraved Habit, with Affections of the Skin, - - - - -	379
CHAP. I. Of Scrophula, or the King's Evil, - - - - -	380
II. Of Syphilis, or the Venereal Disease, - - - - -	391
III. Of Scurvy, - - - - -	404
IV. Of Jaundice, - - - - -	414

APPENDIX.

Dysenteria, or Dysentery, - - - - -	i
Vermes, or Worms, - - - - -	viii
Of Suspended Animation and Resuscitation, - - - - -	xiii
Frost-bitten, - - - - -	xx
The Diseases of Pregnancy, - - - - -	ibid.
Convulsions, - - - - -	xxvii
Abortions, - - - - -	xxxiii
Diseases of the Puerperal state, - - - - -	xliii
After-Pains, - - - - -	xliv
Costiveness, - - - - -	ibid.
Flow of the Lochia, - - - - -	ibid.
The Milk Fever, - - - - -	ibid.
Inflammation and Tumours in the Breasts, - - - - -	xlvi
Excoriations of the Nipples, - - - - -	xlvii
Phlegmasia Dolens Puerperarum, - - - - -	xlix
Hysteritis, or an Inflammation of the Uterus, - - - - -	lvi
Febris Puerperarum, or Puerperal Fever, - - - - -	lxvi
Mania Puerperarum, - - - - -	lxxix
Inversio Uteri, - - - - -	ibid.
Procidentia Uteri, - - - - -	lxxx

INDEX

TO THE
TWO VOLUMES.

N. B. THE CIPHERS REFER TO THE NUMBER OF THE PARAGRAPHS

A

ABSCESS,	250	Antiphlogistic Regimen,	129
Abscesses and ulcers, the causes of their different states,	254	how conducted,	130
Acids employed in fever,	134	when employed in intermit-	
refrigerant in fever,	ib.	tent fev	234
Action of the heart and arteries,		Antispasmodics, employed in	
how increased for preventing		fevers,	152—187
the recurrences of the parox-		Aphtha,	732
ysms of intermitting fever,	230	Apoplexy,	1093
Adynamæ,	1170	— distinguished from	
Amenorrhœa,	994	palsy,	ib.
from retention,	995	distinguished from syncope, ib.	
when occurring,	997	predisponent cause of,	1094
symptoms of	998	exciting causes of,	
causes of,	999—1000	1097—1114—15	
cure of	1001—5	proximate causes of,	1019—20
from suppression,	995	Serosa, proximate cause of,	1113
when recurring,	1007	prognostic,	1121—22
symptoms of,	1009	frequently ending in hemi-	
causes of,	1007—8	plegia,	1121
cure of,	1010—11	prevention of,	1123
Amentia,	1599	whether sanguine or scrous,	
Anasarca,	1669	stimulants hurtful in it,	1135—36
the character of,	ib.	from powers that destroy the	
phenomena of,	1669—74	mobility of the nervous	
cure of,	1675—97	power,	1137
distinguished from Leuco-		cure of,	1130—38
phlegmatia,	1670	Apyrexia,	24
St. Anthony's Fire. See Erythema.		Ascites,	1710
Antimonial Emetics, employed		character of,	ib.
in fevers,	181	its various seat,	1711—12
their different kinds,	ib.	the phenomena of,	1713—14
the administration of them in		its particular seat difficultly	
fevers,	183—186	ascertained,	1715
		the cure of,	1716—18

INDEX.

	C.
Asthma,	1374
Asthma, phenomena of,	1376
exciting causes of,	1382
proximate cause of,	1385
distinguished from other kinds of dyspœa,	1386
sometimes occasions phthisis pulmonalis,	1387
frequently ends in hydrothorax,	ib.
seldom entirely cured,	1388
Astringents, employed in intermittent fevers,	231
joined with aromatics, employed in intermittent fevers,	ib.
joined with bitters, employed in intermittent fevers,	ib.
Atrabilis,	1028
Atrophia ab alvi fluxu,	1608
debilium,	1607
inanitorum,	1608
infantilis,	1606
lactantium,	ib.
lateralis,	1607—12
a leucorrhœa,	1608
nervosa,	1607
nutricum,	1608
a pytalisma,	ib.
rachitica,	1606
senilis,	1607—12
Aura Epileptica,	1307
B	
Bitters employed in intermittent fevers,	231
joined with astringents, employed in intermittents,	ib.
Blistering, its effects,	189—197
its mode of operation in the cure of fevers,	190—194
when to be employed in fevers,	195
where to be applied in fevers,	196
Blood-letting, the employment of it in fevers,	138—143
the circumstances directing its use in fevers,	142
the administration of it in fevers,	143
when employed in intermittent fevers,	234
Cachexies, character of the class,	1600
Cachexy, the term how applied by authors,	1601
Calculus Renalis,	428
Calx nitrata antimonii, its use in fevers,	183—185
Canine Madness, the cure of,	1526—1528
Cardialgia,	1428
Carditis,	383
of the chronic kind,	ib.
Carus,	1093
Cataphora,	ib.
Catarrh,	1045
predisposition to,	1046
symptoms of,	1047
remote causes of,	1046
proximate cause of,	1056
cure of,	1064
produces phthisis,	1054
passes into pneumonia,	1053
produces a peripneumonia notha,	1055
contagious,	1061
Catarrhus, suffocatus,	376
Chancre, method of treating,	1782
Chicken Pox,	630
how distinguished from small pox,	631
Chincough,	1403
contagious,	ib.
frequently accompanied with fever,	1411
phenomena of,	1405
prognostic in,	1414
cure of,	1415
Chlorosis,	997
Cholera,	1454
symptoms of,	1454—57
remote causes of,	1559—61
proximate cause of,	1455
cure of,	1463—65
Chorea,	1348
phenomena of,	1348—54
cure of,	1355
Chronic weakness,	1191
Cœliaca,	1494
Cold, its operations, absolute,	88 ib.

INDEX.

Cold, relative,	89	Diabetes,	1500
its general effects on the human body,	90—91	symptoms of,	1505—19
its morbid effects,	92	remote causes of,	1505
moderates the violence of reaction in fever,	133	proximate cause of,	1511—13
its tonic power, how to be employed in fevers,	205	cure of,	1514
Cold drink, an useful tonic in fevers,	206	Diæta Aquea,	157
the limitation of its use in fevers,	207	Diarrœa,	1466
air applied in fevers,	208	distinguished from dysentry,	1467
water applied to the surface of the body in fevers,	205—209	distinguished from cholera,	1468
Colic,	1436	proximate cause of,	1469
symptoms of,	1436—39	remote causes of,	1472—94
proximate cause of,	1440	cure of,	1495—1504
cure of,	1442	biliosa,	1481
Devonshire, of Poitou,	1452	colliquative,	1502
cure of,	ib.	mucosa,	1489
Coma,	1093	Diathesis phlogistica,	62—247
Comata,	1092	how removed,	266
Contagions,	78	Diluents, their use in fevers,	154—158
their supposed variety,	79	Diseases, the distinguishing of them, how attained,	2
Convulsions,	1253	the prevention of them, on what founded,	3
Corpulency,	1622	the cure of them on what founded,	4
Cynanche,	300	Dropsies,	1646
maligna,	311	in general the cause of them,	1647
parotidæa,	332	of the breast. See Hydrothorax.	
pharyngæa,	331	of the lower belly. See Ascites.	
tonsillaris,	301	Dysentery,	1066
trachealis,	318	contagious,	1074
as affecting infants,	322—329	remote causes of,	1071
the cure of it,	330	proximate cause of,	1076
Cystitis,	430	cure of,	1079
		use of mild cathartics to be frequently repeated in it, ib.	
		rhubarb improper in it, ib.	
D.		Dysenteria alba,	1069
Days, critical, in fevers,	107—124	Dysmenorrhœa,	1013
noncritical,	113	Dyspepsia,	1190
Death, the causes of, in general,	100	remote causes of,	1198
the direct causes of,	ib.	proximate cause of,	1193
the indirect causes of,	ib.	cure of,	1201
the causes of in fever,	101	flatulence in it, cure of,	1221
Debility in fevers, the symptoms of,	104	heartburn in it, cure of,	ib.
how obviated,	202	pains of stomach in, cure of, ib.	
Delirium in general,	1530—51	vomiting in it, cure of,	ib.
in fever of two kinds,	45	Dyspnoea,	1366
or insanity without fever,		b	
	1551—58		

INDEX.

E.	F.	
Effluvia, human, from marshes,	85	Fear, a remote cause of fever, 97
Emaciations, causes of,	1601	Fever, strictly so called, the character of, 8—32
cure of,	1620	phenomena of, 8
Emansio mensium,	997	remote causes of, are of a sedative nature, 36
Emetics, suited to the cure of fevers,	174	proximate cause of, 33
their effects,	176—180	atony of the extreme vessels, a principal circumstance in the proximate cause of it, 43—44
a mean of removing spasm,	170	spasm, a principal part in the proximate cause of it, 40
the administration of in fevers,	175	general doctrine of, 40
their use in intermittent fe- vers,	230—233	the causes of death in it, 101
Emprosthotonus,	1267	the prognosis of, 99
Enteritis,	404	indications of cure in, 126
phlegmonic or erythematic, ib.		differences of, 53
causes of,	406	continent, 28
cure of,	408	continued, 27
Epilepsy,	1283	inflammatory, 67
phenomena of,	1284	miliary. See Miliary Fever.
proximate cause of,	1285	nervous, 67
remote causes of,	1286	bilious, 71
predisponent causes of,	1311	scarlet. See Scarlet Fever.
sympathetic,	1317	putrid, 72
cure of,	1318	named synocha, 67
idiopathic,	1317	synochus, 69
cure of,	1320	typhus, 67
Epistaxis,	805	hectic, 74
the causes of it,	807	intermittent, the paroxysms
the various circumstan- ces of it,	806—871	of, described, 10
the management and cure of,	813—828	the cold stage of, 11
Erysipelas,	274	the hot stage of, ib.
of the face,	707	the sweating stage of, ib.
symptoms of,	704—707	of a tertian period, 25
prognosis of,	705	of a quartan period, ib.
proximate cause of,	696	of a quotidian period, ib.
cure of,	707—710	caused by marsh effluvia, 84
phlegmonodes in different parts of the body,	711	bile not the cause of it, 51
attending putrid fever,	712	cure of, 228
Erythema,	274	its paroxysms how pre- vented, 229
Exanthemata,	584	attended with phlogistic diathesis, 234
Exercise, useful in intermit- tent fevers,	231	attended with congestion in the abdominal viscera, ib.
F.		remittent, 26
Fainting. See Syncope.	1170	Fluxes, without fever. See Profluvia.
Fatuity,	1530	

INDEX.

Fluor albus. See *Leucorrhœa*.
Fomentation of the lower extremities, its use in fevers, 199
Fomites of contagion, 82
Functions, intellectual, disorders of, 1529—30
G.
Gangrene of inflamed parts, the cause of, 255—256
 marks of the tendency to, 257
 marks of its having come on, *ib.*
Gastritis, 384
 phlegmonic or erythematic, 385
 phlegmonic, the seat of *ib.*
 the symptoms of, 386
 the causes of, 387
 the cure of, 393—397
 erythematic, how discovered, 400
 the seat of, 385
 the cure of, 401
Gastrodynia, 1428
Gleet, 1770
Gonorrhœa, 1766
 phenomena of, 1768—70
 cure of, 1771—79
Gout, the character of, 491
 a hereditary disease, 499
 distinguished from rheumatism, 525
 predisponent causes of, 492—499
 occasional causes of, 501—504
 proximate cause of, 526—532
 not a morbific matter, 528
Regular, described, 505—517
 pathology of, 532
 cure of, 563—572
 no effectual or safe remedy yet found for the cure of it, 538
 medicines employed for it, 555
 whether it can be radically cured, 539
 treatment in the intervals of paroxysms, 541
 treatment in the time of paroxysms, 559
 regimen during the paroxysms, 560
 external applications, how far safe, 567—568

Gout, regular,
 blood-letting in the intervals of paroxysms, 552
 blood-letting in the time of paroxysms, 562
 costiveness hurtful, 558
 laxatives to be employed, *ib.*
 effects of alkalines, 557
 of Portland powder, 556

Irregular,
Atonic, 573—578
 pathology of, 533
 cure of, 579—581

Retrocedent, 521
 pathology of, 534
 cure of, 579—581

Misplaced, 522
 pathology of, 535
 cure of, 582—583

Translated, two particular cases of, 524

H.

Hæmatemesis, 1016
 arterial and venous, 1026
 from obstructed menstruation, 1019
 from suppression of the hemorrhoidal flux, 1024
 from compression of the *vasa brevia*, by the spleen, 1026
 obstruction of the liver, 1027

Hæmaturia, 1032
 idiopathic, improbable, 1032—33
calculosa, 1036
 cure of, 1037
violenta, 1038
 from suppression of accumulated discharges, 1040
putrida, 1042
spuria et lateritia, 1043

Hæmiplegia, 1139
 causes of, 1140
 frequently occasioned by apoplexy, 1141
 frequently alternates with apoplexy, 1143
 cure of, 1151
 stimulants, of ambiguous use in, 1159
 stimulants, external, in, 1160

INDEX.

Hæmoptysis, symptoms of, 837—839
Hæmoptysis, the causes of, 759—62—829—835
 how distinguished from other spittings of blood, 840—44
 cure of, 845—51
Hæmorrhagia uteri, 965
Hemorrhagy,
 active or passive, 734
 character of, 735
 arterial, 743
 venous, 767
 the causes of the different species appearing at different periods of life, 749—772
 general phenomena of, 737—742
 the remote causes of, 773
 cure of, 775
 —whether to be attempted by art, 775—80
 prevention of the first attacks, or of the recurrence of, 781—788
 treatment, of when present, 788—804
 symptomatic, 1014
Hemorrhoides vesicæ, 1041
Hemorrhois,
 external and internal, 924
 phenomena of, 924—930
 nature of the tumours, 931
 causes of, 932—942
 acquire a connexion with the system, 942—943
 particularly with the stomach, 945
 cure of, 946—964
Hepatirrhœa, 1482
Hepatitis, 411
 acute and chronic, ib.
 acute symptoms of, 412—414
 combined with pneumonic inflammation, 415
 remote causes of it, ib.
 seat of, 417
 various exit of pus produced in, 420
 cure of, 421
 chronic, the seat of, 417

Hepatitis,
 how discovered, 422
Hooping cough. See **Chin-cough,** 1403
Horror, impression of, employed in intermittent fevers, 231
Human effluvia, the cause of fever, 81
 body, its temperature, 88
 body has a power of generating heat, ib.
Hydrophobia, 1526
Hydrothorax, 1698
 where seated, 1699
 symptoms of, 1702—04
 often combined with universal dropsy, 1705
 proximate cause of, 1707
 cure of, 1708—09
 paracentesis, in it, when proper, 1709
Hypercatharsis, 1478
Hypochondriasis, 1223
 phenomena of, ib.
 distinguished from dyspepsia, 1227
 proximate cause of, 1231
 cure of, 1233
 treatment of the mind in, 1245
Hysteria, 1515
 symptoms of, 1516—17
 paroxysm or fit described, ib.
 rarely appears in males, 1518
 how distinguished from hypochondriasis, 1519—20
 proximate cause of, 1523
 analogy between and epilepsy, 1524
 cure of, 1525
 libidinosa, 1518

Hysteric disease. See **Hysteria.**

I.

James' powder, its use in fever, 183
Jaundice, 1816—17
 causes of, 1817—22
 cure of, 1824—30
Icterus. See **Jaundice.**
Iliac passion. See **Ileus.**

INDEX.

Ileus,	1438	Intemperance in drinking,	97
Impetigo, character of the order,	1738 ib.	a remote cause of fever,	24
indigestion. See Dyspepsia.		Intermission of fever,	ib.
Inflammation, phenomena of,	235	Interval of fever,	ib.
internal, the marks of,	236	Intumescentiae,	1621
the state of the blood in,	237	character of the order,	ib.
the proximate cause of,	239		K.
not depending upon a len-		King's evil. See Scrophula.	
tor of the blood,	241		L.
spasm the proximate cause		Leucophlegmatia,	1670
of,	243—248	Leucorrhœa,	984
terminated by resolution,	249	character of,	985
by suppuration,	250	appearance of the matter	
by gangrene,	255	discharged in,	986—991
by scirrhus,	258	the causes of,	987
by effusion,	259	the effects of,	989
by blisters,	260	the cure of,	992
by exudation,	261	Lethargus,	1093
the remote causes of,	262	Lientery,	1470
the cure of in general,	264	Looseness. See Diarrhœa.	
by resolution,	ib.		M.
the cure of, when tending to		Madness. See Mania.	
suppuration,	268—70	Canine. See Canine.	
when tending to gangrene,	271	Mania,	1559
its general divisions,	273	the symptoms of,	ib.
more strictly cutaneous,	274	the remote causes,	1560—62
of the bladder. See Cystitis.		the treatment of,	1563—75
of the brain. See Phrenitis.		occurring in sanguine tem-	
of the heart. See Carditis.		peraments,	1577
of the intestines. See Ente-		in sanguine temperaments,	
ritis.		cure of,	1578
of the kidneys. See Ne-		Marcores,	1601
phritis.		Marsh effluvia, cause of fever,	84
of the liver. See Hepatitis.		Measles,	632
of the lungs. See Pneumonia.		the symptoms of,	636—641
of the pericardium. See Pe-		the nature of	643
ricarditis.		the cure of,	644—649
of the peritonæum. See Pe-		of a putrid kind,	642
ritonitis.		Medicine, the institutions of,	4
of the spleen. See Splenitis.		Melæna,	1016
of the stomach. See Gas-		Melancholia,	1576
tritis.		how distinguished from hy-	
of the uterus,	431	pochondriasis,	1588—89
Insanity,	1536	the character of,	1588—90
causes of,	1551—58	the proximate cause of,	1791
of different species,	1558	the treatment of,	1593—98
partial and general differ-		Melancholic temperament,	1230
ence of,	1576	Melancholy. See Melancholia.	

INDEX.

		P.
Menorrhagia,	965	
active or passive,	ib.	1356
when a disease,	967—74	ib.
effects of,	971	1357
proximate causes of,	976	1364
remote cause of,	977	1139
cure of,	979	1140
Menses, immoderate flow of		
them. See Menorrhagia.		
Metallic tonics. employed in		
intermittent fevers,	231	Paracentesis in ascites, when
salts, refrigerant,	136	to be attempted, 1718
Meteorismus,	1634	Paracentesis in hydrothorax,
Miasmatæ,	78	when proper, 1709
Miliary fever,		Paraphrenitis, 343
the general history of,	713—714	
of two kinds, red and white	715	Paroxysm of intermittent fe- vers, the recurrence how
white, symptoms of,	716—718	to be prevented, 229
the cure of,	719	Pemphigus, 731
Morbus cæliacus,	1494	Pericarditis, 383
mucosus,	1069	Peripneumonia notha, 376
niger,	1028	symptoms of, 379
		pathology of, 380
		the cure of, 381—382
		some symptoms explained, 350
		Peripneumony, 342
		Peritonitis, 384
Nephritis,	425	Peruvian bark, not a specific, 213
the symptoms of,	ib.	its tonic power, 214
the remote causes of,	426	when proper in fever, 215
the cure of,	429	how effectually employed, 216
Nervous diseases. See Neuroses.		
Neuroses,	1089	the administration of it in
Neutral salts, diaphoretic in		
fevers,	159—161	intermittent fevers, 232
refrigerant in fevers,	135	the tonic chiefly employed
Nosology, Methodical,	2	in intermittent fevers, ib.
		Petechia, 733
		Phlegmasiæ, 235
O.		Phlegmon, 274
Obesity, when a disease,	1622	Phrenitis, 291
Oncirodynia,	1599	the character of, 293
Ophthalmia,	278	the remote causes of, 294
membranarum,	ib.	the cure of, 295—299
its different degrees,	279—280	Phrensy. See Phrenitis.
its remote causes,	280	Physic, practice of, how taught, 1
the cure of,	288—290	theory of, how employed, 4
tarsi,	278	Physconia, 1719
the cure of,	288—290	Phthisis pulmonalis, the gene- ral character of, 852
Opiates, employed in the hot		
stage of intermittent fevers,	233	always with an ulceration of
in the interval of intermit-		
tent fevers,	231	the lungs, 854
Opisthotonus. See Tetanus.		the pus coughed up in, how
		distinguished from mucus, 855

INDEX.

Phthisis pulmonalis,
 accompanied with hectic fe-
 ver, 856
 the various causes of, 862
 from hæmoptysis, 863—864
 from pneumonia, 865—868
 from catarrh, 869—872
 from asthma, 874
 from tubercles, 875—881
 from calcareous matter in
 the lungs, 883
 if contagious, 885
 from tubercles, symptoms, 888
 its different duration, 895
 the prognosis in, 896
 the cure of, 898—928
 the treatment of, when arising from tubercles, 905—920
 the palliation of symptoms, 921—923
Plague, general character of, 664
 phenomena of, ib.
 principal symptoms of, 666
 proximate cause of, 667
 prevention of, 669—684
 cure of, 685—694
Pleurisy 341
Pleurostethonos. See *Tetanus*.
Pneumonia, or *Pneumonic In-*
 flammation, 334
 general symptoms of, 335—339
 seat of, 340—344
 prognosis of, 352—360
 cure of, 361
 the management of blood-
 letting, in the cure of,
 362—367
 the use of purgatives in, 370
 the use of emetics in, 371
 the use of blisters in, 372
 the means of promoting
 expectoration in, 373
 the use of sweating in, 374
 the use of opiates in, 375
Polysarcia, when a disease, 1662
 cure of, 1624—26
Profluvia, 1044
 character of the class, ib.
Pulse, the state of the, during the paroxysm of an
 intermittent fever, 12

Purging, its use in continued
 fevers, 144
 intermittent fevers, 234
Pus, how produced, 250
Putrescency of the fluids, in
 fever, the symptoms of, 105
 the tendency to, in fever,
 how to be corrected, 222—226

Pylorus, *Scirrhous*. See *Dys-*
 pepsia.

Pyrexia, character of the class, 6
 orders of the class, 7
Pyrosis, 1428
 symptoms of, 1432
 proximate cause of, 1434
 remote causes of, 1433
 cure of, 1435

Pyrosis Seuçica of Sauvages, 1429

Q.

Quinsy. See *Cynanche*.

R.

Rachitis, 1720
 its origin, 1721
 remote causes of, 1722—1724
 phenomena of, 1725
 proximate cause of, 1726—1729
 cure of, 1730—1737

Reaction of the system, 59
 violent in fever, symptoms, 103
 violence of, how moderated, 127

Refrigerants, the use of them
 in fever, 134

Remedies, table of those em-
 ployed in continued fe-
 vers, 227

Remission of fever, 26

Resolution of inflammation,
 how produced, 249

Respiration, changes, during
 paroxysm of an intermit-
 tent, 13

Revolution, diurnal, in the hu-
 man body, 55

Rheumatism, acute or chro-
 nic, 432
 Acute, remote causes of, 435
 proximate cause of, 444—459

INDEX.

Rheumatism, acute, symptoms of,	438—446	Soda,	1428
cure of,	460—469	Spasm, internal, means of removing in fevers, 152—187	
Chronic, symptoms of,	449	the proximate cause of inflammation, 243—248	
how distinguished from the acute,	450	Spasmodic affections without fever,	1251
proximate cause of,	471	of the animal functions, 1254	
cure of,	472—475	of the vital functions, 1356	
how distinguished from gout,	525	of the natural functions, 1428	
Rickets. See Rachitis.		Sphacelus,	255
Rose. See Erythema.		Splenitis,	424
S.			
Scarlet fever,	650	Stimulants, when to be employed in fevers,	217
the symptoms of,	655	their use in intermittent fevers,	230
different from cynanche maligna,	650—654	Stomach, its consent with the vessels on the surface of the body,	44
the cure of,	656—663	Sudorifics, arguments for their use in fevers, 163—167	
Scrophula,	1739	against their use in fevers, 164	
the phenomena of,	1739—1750	Suppuration of inflamed parts, the causes of,	251
the proximate cause of,	1751	the marks of tendency to, 251	
not contagious,	1752	formed, the marks of, ib.	
not arising from the lues venerea,	1753	Surface of the body, its consent with the stomach,	44
the cure of,	1754—60	Swellings, general. See Intumescentiæ.	
Mesenterica,	1607	adipose,	1622
Scurvy,	1790	flatulent,	1627
remote causes of,	1793—1803	watry. See Dropsies.	
cure of,	1805—10	Sweating, when hurtful in continued fevers,	165
proximate cause of,	1812—15	rules for the conduct of in continued fevers,	168
Sinapisms, effects of them,	197	use of in intermittent fevers,	230
Skin, affections of. See Impetigoes.		Syncope, phenomena of,	1170
Small-Pox, gen. character of,	586	remote causes of,	1173—1178
symptoms of distinct kind,	588	predisposition to,	1184
of confluent kind,	589—592	cure of,	1189
general differences between distinct and confluent,	593	distinguished from apoplexy,	1093
causes of these differences,	594—599	Synocha. See Fever.	
prognosis in,	592	Synochus. See Fever.	
cure of,	600—629	Syphilis,	1761
inoculation of,	601	originally from America,	1762
the several practices of which it consists,	602	how propagated,	1763
importance of several practices belonging to,	603—614		
management of small-pox received by infection,	615—629		

INDEX.

<p>Syphilis and gonorrhœa, how distinguished, 1765 cure of, 1784—1789</p> <p>T. Tabes à hydrope, 1610 à sanguifluxu, 1609 dorsalis, 1611 glandularis, 1607 mesenterica, ib. nutricum, 1609 rachialgia, 1607. scrophulosa, ib.</p> <p>Tartar Emetic, its use in fevers, 185</p> <p>Tetanus, 1257 remote causes of, 1268 cure of, 1270 pissileum Barbadense, or Barbadoes tar, in, 1280 lateralis, 1268</p> <p>Tonic medicines employed in continued fevers, 211 do. in intermittent fevers, 231</p> <p>Toothach, how far different from rheumatism, 476—479 symptoms of, 477 predisposition to, 480 remote causes of, 480—481 proximate cause of, 482 cure of, 484—490</p> <p>Trismus. See Tetanus.</p> <p>Nascentium. 1282</p> <p>Tussis. See Catarrh.</p> <p>Tympanites, character of, 1628 different species of, 1629—31 intestinalis, 1629 enterophysodes, ib. abdominalis, ib. asciticus, ib.</p>	<p>Tympanites, phenomena of, 1633 proximate cause of, 1636—37 cure of, 1638—45</p> <p>Typhus. See Fever. the species of, 70</p> <p>V. Vapours, or low spirits. See Hypochondriasis.</p> <p>Venereal Disease. See Syphilis.</p> <p>Venery, excess in, a remote cause of fever, 97</p> <p>Vesaniæ, in general, 1529</p> <p>Vis medicatrix naturæ, 38</p> <p>St. Vitus' Dance. See Chorea.</p> <p>Vomiting of blood. See Hematemesis.</p> <p>effects of in continued fevers, 172—173</p> <p>the use of in intermitting fevers, 230—34</p> <p>U. Urine, bloody. See Hæmaturia.</p> <p>Urticaria, the history and treatment of, 729</p> <p>W. Water-Brash. See Pyrosis.</p> <p>Whites. See Leucorrhœa.</p> <p>Warm bathing, the effects of in fever, 198 administration of in fevers, 199 marks of the good effects, 200</p> <p>Wine, the most proper stimulant in fevers, 218 its convenient use in fevers, 219 when hurtful or useful in fevers, 220</p>
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FIRST LINES
OF THE
PRACTICE OF PHYSIC.

BOOK IV.

CHAPTER VI.

OF THE MENORRHAGIA, OR THE IMMODERATE
FLOW OF THE MENSES.

965. BLOOD discharged from the vagina may proceed from different sources in the internal parts: but here I mean to treat of those discharges only, in which the blood may be presumed to flow from the same sources that the menses in their natural state proceed from; and which discharges alone, are those properly comprehended under the present title. The title of *Metrorrhagia*, or *haemorrhagia uteri*, might comprehend a great deal more.

966. The menorrhagia may be considered as of two kinds; either as it happens to pregnant and lying-in women, or as it happens to women neither pregnant nor having recently borne children. The first kind, as connected with the circumstances of pregnancy and child-bearing, (which are not to be treated of in the present

course) I am not to consider here, but shall confine myself to the second kind of menorrhagia only.

967. The flow of the menses is considered as immoderate, when it recurs more frequently, when it continues longer, or when, during the ordinary continuance, it is more abundant than is usual with the same person at other times.*

968. As the most part of women are liable to some inequality with respect to the period, the duration, and the quantity of their menses; so it is not every inequality in these respects that is to be considered as a disease; but only those deviations, which are excessive in degree, which are permanent, and which induce a manifest state of debility.

969. The circumstances (967, 968.) are those which chiefly constitute the menorrhagia: but it is proper to observe, that although I allow the frequency, duration, and quantity of the menses to be judged of by what is usual with the same individual at other times; yet there is, in these particulars, so much uniformity observable in the whole of the sex, that in any individual in whom there occurs a considerable deviation from the common measure, such a deviation, if constantly recurring, may be considered as at least approaching to a morbid state, and as requiring most of the precautions which I shall hereafter mention as necessary to be attended to by those who are actually in such a state.

970. However we may determine with respect to the circumstances (967, 968.), it must still be allowed, that

* The interval of time which, in temperate climates, occurs between the periods of menstruation in healthy women, is from twenty-seven to twenty-nine or thirty days. In tropical climates, this interval is shorter, and, in polar ones, longer. The continuance of the menstrual period varies from two to seven or eight days; and the quantity of sanguineous fluid discharged, from three to eight ounces. Women are themselves competent judges whether this evacuation be, in any measure, immoderate, and will usually report correctly to their physician.

the immoderate flow of the menses is especially to be determined by those symptoms affecting other functions of the body, which accompany and follow the discharge.

When a larger flow than usual of the menses has been preceded by headach, giddiness, or dyspnœa, and has been ushered in by a cold stage, and is attended with much pain of the back and loins, with a frequent pulse, heat, and thirst, it may then be considered as preternaturally large.

971. When, in consequence of the circumstances (967—970.) and the repetition of these, the face becomes pale; the pulse grows weak: an unusual debility is felt in exercise; the breathing is hurried by moderate exercise; when, also, the back becomes pained from any continuance in an erect posture; when the extremities become frequently cold; and when in the evening the feet appear affected with œdematosus swelling; we may from these symptoms certainly conclude, that the flow of the menses has been immoderate, and has already induced a dangerous state of debility.

972. The debility thus induced does often discover itself also by affections of the stomach; as anorexia and other symptoms of dyspepsia; by a palpitation of the heart, and frequent faintings; by a weakness of mind liable to strong emotions from slight causes, especially when suddenly presented.

973. That flow of the menses, which is attended with barrenness in married women, may generally be considered as immoderate and morbid.*

* Every irregularity in menstruation is liable to be the cause or concomitant of barrenness, as proceeding from a morbid condition of some of the female organs of generation. This is true of a defective no less than of an excessive menstrual discharge.

The reason why irregularity in menstruation produces barrenness, is sufficiently obvious.

974. Generally, also, that flow of the menses may be

Conception in the female is now known to take place in the *ovarium*, and to be the result of a sympathetic process. It does not arise from the actual conveyance of the semen *masculinum in propria forma*, but from the transition of its *specific influence*, to one or more of the *vesiculae ovarii*; and this transition is effected by sympathy. The seminal fluid of the male need not, and does not, pass beyond the *vagina* of the female. Brought into contact with some portion of that tube, it makes its *specific impression* there, which, by sympathy or consent of parts, is thrown on the ovarian vesicle, and excites in it the *conceptive process*. For the completion of this process, an entire harmony between all the several parts of the female generative system is requisite. The *vagina* must harmonize with the *ovarium*, the *ovarium* with the *fallopian tubes*, the *fallopian tubes* with the *fundus*, *body*, and *neck* of the *uterus*, and the whole reciprocally with each part, otherwise the generative effort, however auspiciously commenced, must prove abortive. But, it is scarcely necessary to add, that a very slight disorder or irregularity in any one of the female organs is sufficient to derange this curious and important system of sympathies.

We well know, that the sympathetic doctrine of generation is by many still held in doubt. But, we as well know, that, as far as our information extends, it is doubted only by those who have never studied it; or who have brought to the study of it such inveterate prejudices as amount to a film, or a distorting and deceptive medium of vision.

We repeat, that it is now a conceded fact, that conception takes place in the *ovarium*, and not in the *uterus*. That the *semen masculinum* does not make its way to that glandular body, we are forbidden to believe, by considerations that are irresistible. Nor to the enlightened physiologist does it appear at all necessary that it should. Such a physiologist perfectly knows, that *distant stimulation* is as powerfully operative, as that which is *proximate*—that stimulation, for example, on the *vagina*, may operate on the *ovarium* as forcibly as if it were made on the *ovarium* itself—that stimulation on the *stomach* acts as powerfully on the *liver*, and produces in it as copious a secretion of *bile*, as if it were made on the *liver* itself—and that concupiscence or lust, which being a mental affection, acts necessarily on the *brain*, the organ of the mind, gives rise to a secretion of *semen masculinum* as abundant as if it acted immediately on the *testicles*.

The real physiologist also knows, that the difficulty of explaining the *modus operandi* of a stimulus on any organ, is not in the slightest degree diminished by bringing it into contact with that organ. We know just as well *how* and *why* a blistering plaster placed on the *temple* or the *neck*, or an emetic acting on the *stomach*, relieves *ophthalmia*, as we do, *how* or *why* a remedy applied to the *eye* itself relieves it.

It is the tyro in physiology who alone holds "*contact*" in such high estimation—who alone believes, that he has removed every obstacle, and solved every difficulty, when he has conveyed the agent to the part on which it is to act.

We repeat, that it is just as difficult to explain the mode in which the se-

considered as immoderate, which is preceded and followed by a leucorrhœa.*

975. I treat of menorrhagia here as an active hæmorrhagy, because I consider menstruation, in its natural state, to be always of that kind; and although there should be cases of menorrhagia which might be considered as purely passive, it appears to me that they cannot be so properly treated of in any other place.

976. The menorrhagia (967. *et seq.*) has for its proximate cause, either the hæmorrhagic effort of the uterine vessels preternaturally increased, or a preternatural laxity of the extremities of the uterine arteries, the hæmorrhagic effort remaining as in the natural state.†

977. The remote causes of the menorrhagia may be, *1st*, Those which increase the plethoric state of the uterine vessels; such as a full and nourishing diet, much strong liquor and frequent intoxication. *2dly*, Those which determine the blood more copiously and forcibly into the uterine vessels; as violent strainings of the whole body; violent shocks of the whole body from falls; violent strokes or contusions on the lower belly, violent exercise, particularly in dancing; and violent passions of the mind. *3dly*, Those which particularly irritate the

men masculinum, if conveyed to the ovary, might excite in that body the conception process, as it is to explain the mode in which it does it, when acting on the vagina.

By adopting the sympathetic doctrine, we escape the difficulty, which is in itself insuperable, of conducting the male semen to the ovary of the female.

To the thorough-bred physiologist, therefore, such adoption must appear imperative.

* Leucorrhœa, in some cases, precedes or follows menstruation when the discharge of the sanguineous fluid is preternaturally scanty.

† We have already said that we believe the doctrine of hæmorrhagy, as proceeding from a mere laxity of the extremities of arteries, to be erroneous. It is altogether mechanical, is derived from our ideas of the properties of *dead matter*, and ought, therefore, to be rejected in our consideration of the properties and laws of *living matter*.

vessels of the uterus; as excess in venery; the exercise of venery in the time of menstruation; a coercive habit, giving occasion to violent straining at stool; and cold applied to the feet. *4thly*, Those who have forcibly overstrained the extremities of the uterine vessels; as frequent abortions; frequent child-bearing without nursing; and difficult tedious labours. *Or, lastly*, Those which induce a general laxity; as living much in warm chambers, and drinking much of warm enervating liquors, such as tea and coffee.*

978. The effects of the menorrhagia are pointed out in 971, 972, where I have mentioned the several symptoms accompanying the disease; and from these the

* Humidity and cold applied to the feet during menstruation, frequently check the discharge, and produce dangerous obstructions.

The process of nursing produces on the uterus a twofold effect: it excites in it, by sympathy, a healthy state of action, and draws from it to the breasts the blood, which would otherwise oppress it by an unnatural plethora. It thus affords it time and opportunity to recover its tone, after having been debilitated by gestation and parturition.

Hence, the moral duty which binds females, who are competent to the task, to nurse their offspring, is strongly enforced by its physical advantages.

We have in this article, again, a repetition of the erroneous doctrine of *laxity*. We here deliberately bear against it, wherever it may occur, our decided testimony. *It is immoderate and morbid action*, not laxity, the latter being, as already stated, a mere mechanical property, and not, therefore, predicable of living vessels.

Our author is correct in enumerating the passions of the mind among the causes which are concerned in the production of menorrhagia. The passions most powerful in the excitation of this discharge are rage, jealousy, and terror. The two latter, in particular, may, perhaps, be said to possess a specific influence in producing uterine haemorrhagy.

To the agency of terror may be traced more cases of abortion, than to that of all the other passions combined. Yet do many physicians pronounce terror to be a sedative passion!

Delicate females, therefore, at all times, but especially when in a state of pregnancy, ought studiously to avoid this passion. To excite it in them intentionally, by way of amusement, as is often done by mischievous individuals, is exceedingly culpable. Sudden death has been sometimes the issue.

consequences to be apprehended will also readily appear.

979. The treatment and cure of the menorrhagia must be different, according to the different causes of the disease.

In all cases, the first attention ought to be given to avoiding the remote causes, whenever that can be done; and by that means the disease may be often entirely avoided.

When the remote causes cannot be avoided, or when the avoiding them has been neglected, and therefore a copious menstruation has come on, it should be moderated as much as possible, by abstaining from all exercise, either at the coming on, or during the continuance of the menstruation; by avoiding even an erect posture as much as possible; by shunning external heat, and therefore warm chambers and soft beds; by using a light and cool diet; by taking cold drink, at least as far as former habits will allow; by avoiding venery; by obviating costiveness, or removing it by laxatives that give little stimulus.

The sex are commonly negligent, either in avoiding the remote causes, or in moderating the first beginnings of this disease. It is by such neglect that it so frequently becomes violent, and of difficult cure; and the frequent repetition of a copious menstruation, may be considered as a cause of great laxity in the extreme vessels of the uterus.*

980. When the coming on of the menstruation has been preceded by some disorder in other parts of the body, and is accompanied with pains of the back, resembling parturient pains, together with febrile symp-

* The laxatives most suitable, in such cases, are, manna, magnesia, castor oil, or some of the mildest of the saline purgatives, as cream of tartar, Rechelle salts, or phosphate of soda.

toms, and when at the same time the flow seems to be copious, then a bleeding at the arm may be proper, but it is not often necessary; and it will in most cases be sufficient to employ, with great attention and diligence, those means for moderating the discharge which have been mentioned in the last paragraph.*

981. When the immoderate flow of the menses shall seem to be owing to a laxity of the vessels of the uterus, as may be concluded from the general debility and laxity of the person's habit; from the remote causes that have occasioned the disease (977.); from the absence of the symptoms which denote increased action in the vessels of the uterus (970.); from the frequent recurrence of the disease, and particularly from this, that in the intervals of menstruation the person is liable to a leucorrhœa; then in such case the disease is to be treated, not only by employing all the means mentioned in 979, for moderating the hæmorrhagy, but also by avoiding all irritation, every irritation having the greater effect in proportion as the vessels have been more lax and yielding. If, in such a case of laxity, it shall appear that some degree of irritation concurs, opiates may be employed to moderate the discharge; but in using these, much caution is requisite.

If, notwithstanding these measures having been taken, the discharge shall prove very large, astringents, both external and internal, may be employed. In such cases, may small doses of emetics be of service?†

* Digitalis has been found a useful remedy in the more active states of this disease. By weakening the action of the heart and arteries, it diminishes of course the impetus of the blood.

† The internal astringents most commonly in use are, alum, gum kino, and catechu, but more especially saccharum saturni. To these the bark is added, in some instances, with great advantage.

The only external astringent which we consider of any moment, is cold. This may be used in the form of cloths wet with cold water, or vinegar

982. When the menorrhagy depends on the laxity of the uterine vessels, it will be proper, in the intervals of menstruation, to employ tonic remedies; as cold bath-

and water, applied to the lower part of the abdomen, or immediately to the pudenda; or, which is better still, to both.

A sheep's gut, tied at one end, introduced into the vagina, and distended with iced water, is still, perhaps, a more effectual mode of application. A piece of ice, itself, has been sometimes advantageously introduced into the vagina.

The most efficacious local remedy we have ever used, consists in the following injection: Sacch. saturn. dj. Opii gr. iij. Let these be dissolved in two ounces of mucilage of gum arabic, rendered sufficiently liquid by a little water, gently thrown up the rectum, and there retained.

This injection should be repeated as often as circumstances may require.

In this complaint emetics are sometimes administered with great advantage.

The emetic most effective in checking uterine hæmorrhagy, is ipecacuanha.

For the salutary influence of that article, in this complaint, we are indebted, of course, to its *specific* agency. For that, in addition to its power to produce vomiting, it and every other emetic possesses such an agency, is sufficiently obvious.

Indeed the whole of *material nature* is composed of specifics; no two articles in it being alike. This is equally true of the causes which produce, and of those which remove disease.

Hence it is idle to denominate one of nature's productions a specific, as if it were, in that respect, contradistinguished from another. We repeat, they are all specifics—ipecacuanha and Glauber's salts as much so as mercury and Peruvian; and marsh miasmata and cold, as much so as the poisons of measles and small-pox.

Given in small nauseating doses, ipecacuanha is, perhaps, even more efficacious in stopping uterine hæmorrhagy, than when administered in such quantities as to excite puking. If the hæmorrhagy be accompanied with pain, opium sufficient in amount to allay it should be combined with the ipecacuanha. If not allayed, the pain will keep up the hæmorrhagic action, in despite of every effort to remove it.

We are perfectly aware that cold is not usually denominated an *astringent*, nor is it applied externally with a view to its acting in that capacity.

Most physicians deem it a *sedative*, a term which, as used in medicine, is self-contradictory and absurd.

That nothing can be in its nature a sedative which excites sensation, or makes an impression, (and every medicinal article must act thus) is a perfect truism—a position so obvious, that nothing but blindness or obstinacy can deny it. But that cold produces a very powerful impression, and is exceedingly potent in exciting sensation, are equally true. Hence the conclusion is irresistible that it is a genuine stimulant.

ing and chalybeates. The exercises of gestation, also, may be very useful, both for strengthening the whole system, and for taking off the determination of the blood to the internal parts.*

983. The remedies mentioned in these two last paragraphs may be employed in all cases of menorrhagia,

That cold belongs to that class of stimulants denominated astringents, cannot be denied.

It is the nature of those articles to produce, in the capillaries of the body, an asstriction or tonic contraction, which seems to extend, at times, to some of the larger vessels.

That cold produces such contraction, cannot be denied.

Of the truth of this, abundant testimony is derived from its action on the fingers, in rendering them pale and bloodless, and diminishing their size.

To these phenomena it gives rise, not by occasioning a *collapse* in the vessels of the fingers, for that could never force the blood out of them; but by exciting in them a strong and continued contraction. A collapse means a *cessation of action*, which permits things to remain in their existing condition. But, were the blood-vessels of the fingers to cease from acting, when filled with their contents, the fingers, remaining in such condition would not become bloodless—they would be neither pale in colour nor diminished in size. To produce this effect, nothing but vascular contraction is sufficient.

When uterine hæmorrhagy has produced great debility, accompanied by fainting and coldness of the skin, the application of cold is a very doubtful remedy. Full doses of laudanum, judiciously repeated, are much more useful.

In cases of hæmorrhagy, a high temperature can alone justify the extensive and continued application of cold to the surface.

* An excellent formula, under which chalybeates may be administered, consists in the prepared rust of iron, united to Peruvian bark, and a little pulverized ginger or cloves, and made into boluses with conserve of roses. The use of chalybeate waters, taken in small quantities, and frequently repeated in the course of the day, is also highly beneficial. To many stomachs the chalybeate wine is still more grateful. Nor is it less salutary, in its operation on the system.

The pure air, cheerful society, and wholesome exercise, enjoyed at watering-places, by revolutionizing the system, and inducing in it a new state of action, contribute, in no small degree, to the benefits thence received.

In cases of chronic menorrhagia, occurring about the period of the close of menstruation, when, in consequence of debility, blood-letting is inadmissible, blisters on the wrists, repeatedly renewed, are an important remedy. With these may be advantageously united, a free use of alum and mucilage of gum arabic.

In this, as in every other chronic complaint, the wearing of flannel next to the skin should never be neglected.

from whatever cause it may have proceeded, if the disease shall have already induced a considerable degree of debility in the body.

CHAPTER VII.*

OF THE LEUCORRHœA, FLUOR ALBUS, OR WHITES

984. EVERY serous or puriform discharge from the vagina may be, and has been comprehended under one or other of the appellations I have prefixed to this chapter. Such discharges, however, may be various; and may proceed from various sources, not yet well ascertained; but I confine myself here to treat of that discharge alone which may be presumed to proceed from the same vessels, which, in their natural state, pour out the menses.

985. I conclude a discharge from the vagina to be of this kind; 1. From its happening to women who are subject to an immoderate flow of the menses, and liable to this from causes weakening the vessels of the uterus. 2. From its appearing chiefly, and often only, a little before, as well as immediately after, the flow of the menses. 3. From the flow of the menses being diminished, in proportion as the leucorrhœa is increased. 4. From the leucorrhœa continuing after the menses have entirely ceased, and with some appearance of its observing a periodical recurrence. 5. From the leucorrhœa being accompanied with the effects of the menorrhagia (971—972.) 6. From the discharge having

* The including of *flor albus* within the order *hæmorrhagiaæ* is a step which cannot be justified on any principle with which we are acquainted. With much more propriety might it be made to fall within the order *profluvia*.

been neither preceded by, nor accompanied with, symptoms of any topical affections of the uterus. 7. From the leucorrhœa not having appeared soon after communication with a person who might be suspected of communicating infection, and from the first appearance of the disease not being accompanied with any inflammatory affection of the pudenda.*

986. The appearance of the matter discharged in the leucorrhœa, is very various with respect to consistence and colour; but from these appearances, it is not always possible to determine concerning its nature, or the particular source from whence it proceeds.

987. The leucorrhœa, of which I am to treat, as ascertained by the several circumstances (985,) seems to proceed from the same causes as that species of menorrhagia, which I suppose to arise from the laxity of the extreme vessels of the uterus. It accordingly often follows or accompanies such a menorrhagia: but though the leucorrhœa depends chiefly upon the laxity mentioned, it may have proceeded from irritations inducing that laxity, and seems to be always increased by any irritations applied to the uterus.

988. Some authors have alleged, that a variety of

* For practitioners of medicine, who are defective in experience, there are few points of greater difficulty, than to discriminate certainly and satisfactorily to themselves, between leucorrhœa and gonorrhœa. In addition to what our author has stated, the following particulars are worthy of attention:

In gonorrhœa, the running, although never very copious, is somewhat uniform in quantity, and, therefore, seldom very small: in leucorrhœa, it is irregular, being sometimes very profuse, and, at other times, scarcely perceptible. In gonorrhœa the symptoms are, in general, much more inflammatory than they are in leucorrhœa; the smarting in making water is more severe, the itching of the pudenda more troublesome, the inclination to venery greater, the labia more swollen, and the glands in the groin more apt to be enlarged.

In addition to all these particulars, the practitioner is oftentimes obliged to inquire minutely into the character and connexions of the female he is examining, the better to satisfy himself respecting her disease.

circumstances in other parts of the body may have a share in bringing on and in continuing this affection of the uterus now under consideration; but I cannot discover the reality of those causes; and it seems to me, that this leucorrhœa, excepting in so far as it depends upon a general debility of the system, is always primarily an affection of the uterus; and the affections of other parts of the body which may happen to accompany it, are for the most part to be considered as effects, rather than as causes.*

989. The effects of the leucorrhœa are much the same with those of menorrhagia; inducing a general debility, and in particular, a debility in the functions of the stomach. If, however, the leucorrhœa be moderate, and be not accompanied with any considerable degree of menorrhagia, it may often continue long without inducing any great degree of debility, and it is only when the discharge has been very copious as well as constant, that its effects in that way are very remarkable.

990. But, even when its effects upon the whole body are not very considerable, it may still be supposed to weaken the genital system; and it seems sufficiently probable that this discharge may often have a share in occasioning barrenness.†

991. The matter discharged in the leucorrhœa is at first generally mild; but after some continuance of the disease, it sometimes becomes acrid; and by irritating, or perhaps eroding, the surfaces over which it passes, induces various painful disorders.‡

* We cannot fully concur with our author in the sentiment expressed by him in this article. We feel persuaded, on the other hand, that a depraved state of the stomach is oftentimes the cause of leucorrhœa. In such cases, remedies directed to the stomach constitute the only means of cure.

† There can be no doubt that the diseased condition of the uterine system, whence leucorrhœa proceeds, is, in many instances, the cause of barrenness.

‡ Cases have occurred in married women of unsuspected virtue, where

992. As I have supposed that the leucorrhœa proceeds from the same causes as that species of meno-

the discharge in leucorrhœa was so extremely acrid, as to produce, on coming in contact with it, severe ulceration on the male organ.

In the treatment of this disease, whatever may be its original seat, to commence with an emetic, is, in general, sound practice. Ipecacuanha is, for the most part, to be preferred.

In addition to the evacuation of the stomach, that organ is, by this procedure, so far altered in its condition, as to be more readily acted on, and more favourably impressed, by other remedies.

Owing to the powerful and universal sympathy of the stomach with the other parts of the body, the pervasive influence of an emetic is well understood. When judiciously administered, the entire system feels its influence in the most salutary manner, and in a very high degree.

The secretions of the body are particularly affected by it. When healthy, they are encouraged; and when unhealthy, ameliorated. This is especially the case in relation to the bile, the urine, the cutaneous perspiration, and the fluids secreted into the cells of the cellular membrane, and the various larger cavities of the body.

But leucorrhœa consists essentially in a *vitiated* secretion, being the converse of menstruation, which is a *healthy* one. In common with other secretions, therefore, it participates in the salutary effects of the emetic process. But no inconsiderable portion of the propitious influence of this process arises from its predisposing the stomach to be favourably acted on by other remedies. An emetic acts here as it does in intermitting fever, when given as introductory to the use of the bark. It prepares the way for what is to follow.

In the estimation of many practitioners of great respectability, purgatives bear, in the treatment of leucorrhœa, a rank still superior to that of emetics.

Without attempting to strike a balance between these two classes of remedies, we have no hesitation in testifying to the excellent effects of the purgative plan in the treatment of leucorrhœa.

This complaint is often, if not always, accompanied by more or less derangement, at least in the functions, if not in the structure, of the liver. Hence, in the alimentary canal are formed accumulations, at times enormous, of fæces and sordis, exceedingly offensive and no less injurious. The removal of these constitutes a primary object of indication.

But, in common with emetics, the effect of purgatives is not limited to the mere evacuation of the alimentary canal. It is felt throughout the system; by certain parts, however, more than by others.

Nor are all purgatives alike in their action. Added to its evacuant effect, each one makes a specific impression. By a judicious selection of these articles, therefore, according to the cases in which they are exhibited, the discerning and experienced practitioner shows his skill.

In the treatment of leucorrhœa we have derived most benefit from those that act somewhat forcibly on the lower intestines. With that portion of the alimentary canal the uterine system more immediately sympathizes.

rhagia which is chiefly owing to a laxity of the uterine vessels, it must be treated, and the cure attempted, by the same means as delivered in 981, for the cure of menorrhagia, and with less reserve in respect to the use of astringents.*

993. As the leucorrhœa generally depends upon a great loss of tone in the vessels of the uterus, the disease has been relieved, and sometimes cured by certain stimulant medicines, which are commonly determined to the urinary passages, and from the vicinity of these are often communicated to the uterus. Such for example, are cantharides, turpentine, and other balsams of a similar nature.†

The bowels being first very thoroughly cleansed by calomel combined with jalap, or some of the drastic gums, sulphur administered, daily or twice a day, in moderate doses, and continued for a considerable time, has contributed not a little to the removal of this complaint.

So has the blue pill, employed as a laxative, and, at the same time, as an alterative.

Of the good effects of balsam copaiva, spirits of turpentine, and other terebinthinate substances, judiciously administered, it would be superfluous to speak.

The way being prepared for them, tonics must complete and perpetuate the cure.

Of these, the most important are, a well regulated diet, suitable clothing, the use of the flesh-brush, pure air, a sufficiency of exercise without fatigue, an indulgence in sleep to the extent of entire refreshment, cheerful society, and a subjection to those moral causes, which, while they moderately excite, tend to harmonize and tranquillize the mind.

The more technical tonics are every where detailed, and need not be here specified.

* Astringent injections composed of solutions of alum, saccharum saturni, and vitriolated zinc; also well filtered decoctions of galls and of oak bark, are advantageously used in this complaint.

† Of all the balsamic or terebinthinate substances, the balsam capaiva is at once the safest and most efficacious. From fifteen to twenty drops, taken on loaf sugar, or in any convenient vehicle, and repeated three or four times a day, we have found to be a remedy of great value.

Cantharides and turpentine, when skilfully administered, are both useful.

In the treatment of this disease, travelling, during the summer months, constitutes a most important remedy. So does sea-bathing, as well as the cold bath locally but frequently applied to the pudenda, and persevered in for a considerable time.

CHAPTER VIII.

OF THE AMENORRHœA, OR INTERRUPTION OF
THE MENSTRUAL FLUX.

994. **WHATEVER**, in a system of methodical nosology, may be the fittest place for the amenorrhœa, it cannot be improper to treat of it here as an object of practice, immediately after having considered the menorrhagia.*

995. The interruption of the menstrual flux is to be considered as of two different kinds; the one being when the menses do not begin to flow at that period of life at which they usually appear; and the other being that when, after they have repeatedly taken place for some time, they do, from other causes than conception, cease to return at their usual periods. The former of these cases is named the *retention*, and the latter the *suppression*, of the menses.

996. As the flowing of the menses depends upon the force of the uterine arteries impelling the blood into their extremities, and opening these so as to pour out red blood; so the interruption of the menstrual flux must depend, either upon the want of due force in the action of the uterine arteries, or upon some preterna-

* Our author having himself, in this article, admitted, in substance, the impropriety of receiving amenorrhœa into the order hæmorrhagiæ—in plain English, a defect of hæmorrhagy into the order hæmorrhagy—it would be superfluous in us to dwell on the subject. Indeed amenorrhœa is so essentially different from all other diseases—it being, in the nature of things, impossible for any one to be like it—that it appears impracticable to class it at all on the principle of similarity.—Consisting, as it does, in the suppression of a *specific function*, we perceive not how it can be other than itself a *specific complaint*. Perhaps the best arrangement for Dr. Cullen would have been, to have placed it under the order spasmæ, and genus hysteria—governing himself chiefly by affinity of situation.

tural resistance in their extremities. The former I suppose to be the most usual cause of retention, the latter the most common cause of suppression; and of each of these I shall now treat more particularly.*

997. The retention of the menses, the *emansio menstrualis* of Latin writers, is not to be considered as a disease merely from the menses not flowing at that period which is usual with most other women. This period is so different in different women, that no time can be precisely assigned as proper to the sex in general.—In this climate, the menses usually appear about the age of fourteen, but in many they appear more early, and in many not till the sixteenth year: in which last case it is often without any disorder being thereby occasioned. It is not, therefore, from the age of the person that the retention is to be considered as a disease; and it is only to be considered as such, when about the time the menses usually appear, some disorders arise in other parts of the body which may be imputed to their retention; being such as, when arising at this period, are known from experience to be removed by the flowing of the menses.

998. These disorders are, a sluggishness, and frequent sense of lassitude and debility, with various symptoms of dyspepsia; and sometimes with a preter-

* The doctrine enunciated in this article, as to the cause of amenorrhœa is eminently erroneous. Our author speaks of menstruation as if it were a *real haemorrhagy*: whereas the fact is known to be otherwise. Instead of being a haemorrhagy, it is nothing but a *sanguineous secretion*. It does not consist, therefore, in a mechanical forcing open of the mouths of the uterine arteries, by the impetus of the blood thrown into them. This doctrine is altogether gross, vulgar, and unfounded. Menstruation consists in a peculiar secretory action of the extremities of these arteries, whereby the red globules and serum of the blood are separated from the fibrina—the former ejected, and the latter retained.

As well might our author declare the secretion of urine to be a mechanical *forcing open of the mouths of the extremities of the emulgent arteries*, as to attempt to explain, on a similar ground, the process of menstruation.

natural appetite. At the same time the face loses its vivid colour, becomes pale, and sometimes of a yellowish hue; the whole body becomes pale and flaccid; and the feet, and perhaps also a great part of the body become affected with oedematous swellings. The breathing is hurried by any quick or laborious motion of the body, and the heart is liable to palpitation and syncope. —A headache sometimes occurs; but more certainly pains of the back, loins, and haunches.*

999. These symptoms, when occurring in a high degree, constitute the *chlorosis* of authors, hardly ever appearing separate from the retention of the menses, and, attending to these symptoms, the cause of this retention may, I think, be perceived.

These symptoms manifestly show a considerable laxity and flaccidity of the whole system; and, therefore, give reason to conclude, that the retention of the menses accompanying them, is owing to a weaker action of the vessels of the uterus; which therefore do not impel the blood into their extremities with a force sufficient to open these, and pour out blood by them.†

1000. How it happens that at a certain period of life a flaccidity of the system arises in young women, not originally affected with any such weakness or laxity, and of which, but a little time before, they had given no indication, may be difficult to explain; but I would attempt it in this way.

As a certain state of the ovaria in females prepares and disposes them to the exercise of venery, about the

* In amenorrhœa, more especially, perhaps, the *emansio mensium*, a most extraordinary propensity oftentimes prevails for the eating of chalk, clay, lime-plastering, charcoal, and sometimes salt. The same preternatural appetites arise in some women during the period of gestation; thus manifesting the *existence* of a sympathy equally singular and powerful between the uterus and stomach.

† In this article our author pursues his erroneous doctrine touching the proximate cause of menstruation.

very period at which the menses first appear, it is to be presumed, that the state of the ovaria and that of the uterine vessels are in some measure connected together; and as generally symptoms of a change in the state of the former appear before those of the latter, it may be inferred that the state of the ovaria has a great share in exciting the action of the uterine vessels and producing the menstrual flux. But analogous to what happens in the male sex, it may be presumed, that in females a certain state of the genitals is necessary to give tone and tension to the whole system; and, therefore, that, if the stimulus arising from the genitals be wanting, the whole system may fall into a torpid and flaccid state, and from thence the chlorosis and retention of the menses may arise.*

* Without making ourselves the advocates of any part of our author's reasoning on this subject, or even pretending fully to comprehend it, we believe it to be true, that there exists between a sound state of the ovaria and the process of menstruation an intimate connection. So essential is this connection, that it may be regarded as the relationship of *cause and effect*.

It is perfectly understood, that an entire absence of the ovaria is inconsistent with the existence of the menstrual secretion. So is any deeply disordered condition of those organs. Hence, in a scirrhouous, hydatid, dropsical, or sarcomatous state of the ovaria, that evacuation is always wanting. Nor, under excision of those bodies, does it ever appear.

In all real viragos, or females without menstruation, with narrow hips, broad shoulders, and a general masculine air, voice, and deportment, whose bodies have been examined after death, the ovaria have been found wanting.

To the sound and efficient state of the genital system of the female, the ovaria bear the same relation that the testicles do to that of the genital system of the male. Without them, menstruation never takes place, nor can procreation be effected.

They are the glandular bodies destined, under proper excitement, to secrete the elementary matter of the embryo. That excitement is produced by the influence of the semen masculinum.

No more can we expect the foetal rudiments to be secreted without these glands, than the bile to be secreted without the liver, the urine without the kidneys, or the semen masculinum without the testes. Hence their importance not only to the integrity and health of the female system, but to the existence of the human race.

Is any one inclined to question the opinion, that the foetal rudiments are the result of a secretory process?

1001. It appears to me, therefore, that the retention of the menses is to be referred to a certain state or affection of the ovaria: but what is precisely the nature of this affection, or what are the causes of it, I will not pretend to explain; nor can I explain in what manner that primary cause of retention is to be removed. In this, therefore, as in many other cases, where we cannot assign the proximate cause of diseases, our indications of cure must be formed for obviating and removing the morbid effects or symptoms which appear.

1002. The effects, as has been said in 999, consist in a general flaccidity of the system, and consequently in a weaker action of the vessels of the uterus; so that this debility may be considered as the more immediate cause of the retention. This, therefore, is to be cured by restoring the tone of the system in general, and by exciting the action of the uterine vessels in particular.

1003. The tone of the system in general is to be restored by exercise, and in the beginning of the disease, by cold bathing. At the same time, tonic medicines may be employed; and of these the chalybeates have been chiefly recommended.*

We ask, from what other source can they possibly be derived? They do not pre-exist either in the unimpregnated ovarian vesicle, or in the semen masculinum. Nor are they to be found in a formal state in the blood of the female. Even admitting them to be formed by an intermixture and vital union of a male and a female seminal fluid, those fluids must be the product of secretion.

But, in fact, they are not thus formed. They are the result of a secretory action altogether *sui generis*, excited in the female ovarium by the specific influence of the male semen.

This peculiar action taking place more especially in one or more of the ovarian vesicles, produces the foetal elementary mass, which is taken up by one of the fallopian tubes, and conveyed into the uterus. This mass, we repeat, is as really a matter secreted from the blood of the female, as is saliva, the fluid of perspiration, or the pancreatic juice.

* Pure bitters, Peruvian bark, chalybeates, and all the other tonics recommended in menorrhagia and leucorrhœa, except the astringents, may be

1004. The action of the vessels of the uterus may be excited:

1st, By determining the blood into them more copiously; which is to be done by determining the blood into the descending aorta, by purging, by the exercise of walking, by friction, and by warm bathing of the lower extremities. It is also probable that the blood may be determined more copiously into the hypogastric arteries which go to the uterus, by a compression of the iliacs; but the trials of this kind hitherto made have seldom succeeded.*

1005. 2dly, The action of the uterine vessels may be excited by stimulants applied to them. Thus those purgatives which particularly stimulate the intestinum rectum, may also prove stimulant to the uterine vessels connected with those of the rectum. The exercise of venery certainly proves a stimulus to the vessels of the uterus; and therefore may be useful when, with propriety, it can be employed. The various medicines recommended as stimulants of the uterine vessels, under the title of Emenagogues, have never appeared to me to be effectual; and I cannot perceive that any of them are possessed of a specific power in this respect. Mercury, as an universal stimulant, may act upon the uterus, but cannot be very safely employed in chlorotic persons. One of the most powerful means of exciting the action of the vessels in every part of the system is, the electrical shock; and it has often been

advantageously employed in the present disease. They may be administered also under the same formulæ. If preceded by an emetic they will act with more certainty and higher effect.

* With a view to the promotion of the object herein contemplated, dancing, jumping the rope, and riding on horseback, are important exercises.

employed with success for exciting the vessels of the uterus.*

1006. The remedies (1002—1005.) now mentioned, are those adapted to the *retention* of the menses; and I am next to consider the case of *suppression*. In entering upon this, I must observe, that every interruption of the flux, after it has once taken place, is not to be considered as a case of suppression. For the flux, upon its first appearance, is not always immediately established in its regular course; and therefore, if an interruption happen soon after the first appearance, or even in

* The purgatives usually employed for such purposes, are aloes, scammony, and gamboge, given in suitable doses, and at such times as the practitioner may deem necessary. A strong infusion of senna, stimulating the rectum very considerably, constitutes a useful remedy in this complaint.

For awakening the action of the uterine vessels, other remedies, not of purgative qualities, are highly recommended, and have, we feel persuaded, been usefully employed.

These may be divided into external and internal.

The external are, blisters on the os sacrum, or on the inside of the thighs, as near to the groins as practicable, and warmth applied to the pudenda in the form of steam, or cloths wet with water, as hot as can be borne without pain. To this head belongs electricity frequently passed through the region of the uterus, and the lumbar region generally.

The internal are the savin, in powder or tincture, tincture of myrrh, the radix senekæ in powder or decoction, and the clavus or ergot of rye, which, in proper doses, is reported to be a safe and very powerful remedy. For information as to the effects and mode of exhibition of this latter medicine, the reader is referred to a paper by Dr. Bigelow, in No. II. Vol. V. of the "New England Journal of Medicine and Surgery." Other interesting papers on the medicinal qualities of the same article, have appeared of late in the northern section of our country.

Of the specific and powerful action of this article on the uterine system, there no longer remains a doubt.

Its entire efficiencies and utilities are not yet known. When the development shall have been completed, we feel persuaded that the cicale cornutum or ergot will be found, in certain affections of the uterus, one of the most efficacious remedies in the *materia medica*.

Amenorrhœa being sometimes accompanied with hepatic affections, renders the employment of mercury essential. In other cases of the complaint, that remedy is of more doubtful promise.

the course of the first, or perhaps second year after, it may often be considered as a case of retention, especially when the disease appears with the symptoms peculiar to that state.

1007. Those which may be properly considered as cases of suppression, are such as occur after the flux has been for some time established in its regular course, and in which the interruption cannot be referred to the causes of retention (1001, 1002.) but must be imputed to some resistance in the extremities of the vessels of the uterus. Accordingly, we often find the suppression induced by cold, fear, and other causes which may produce a constriction of these extreme vessels. Some physicians have supposed an obstructing lensor of the fluids to occasion the resistance now mentioned: but this is purely hypothetical, without any proper evidence of the fact; and it is besides, from other considerations, improbable.

1008. There are indeed some cases of suppression that seem to depend upon a general debility of the system, and consequently of the vessels of the uterus. But in such cases, the suppression always appears as symptomatic of other affections, and is therefore not to be considered here.

1009. The idiopathic cases of suppression (1007.) seldom continue long without being attended with various symptoms or disorders in different parts of the body; very commonly arising from the blood which should have passed by the uterus, being determined more copiously into other parts, and very often with such force as to produce haemorrhagies in these. Hence haemorrhagies from the nose, lungs, stomach, and other parts, have appeared in consequence of suppressed menses. Besides these, there are commonly hysterical and

dyspeptic symptoms produced by the same cause; and frequently colic pains, with a bound belly.*

1010. In the idiopathic cases of suppression, (1007.) the indication of cure is to remove the constriction affecting the extreme vessels of the uterus; and for this purpose the chief remedy is warm bathing applied to the region of the uterus. This, however, is not always effectual, and I do not know of any other remedy adapted to the indication. Besides this, we have perhaps no other means of removing the constriction in fault, but that of increasing the action and force of the vessels of the uterus, so as thereby to overcome the resistance or constriction of the extremities. This, therefore, is to be attempted by the same remedies in the case of suppression, as those prescribed in the cases of retention (1003, 1005.) The tonics, however, and cold bathing (1003.) seem to be less properly adapted to the cases of suppression, and have appeared to me of ambiguous effect.†

* In cases of suppressed menses, vicarious haemorrhages have appeared not only from the parts herein stated, but from the kidneys, the haemorrhoidal vessels, the fingers, the eye, and from warts and the surfaces of ulcers.

† In the treatment of this disease, vomiting, and blood-letting, when skilfully directed, are important remedies. So is the warm bath, both local and general.

In other respects the practice here does not differ materially from that recommended in a suppression of the menses.

In difficult and painful menstruation, the warm bath, well timed blood-letting, and opiates, constitute the usual and most important remedies.

In dividing amenorrhœa into *idiopathic* and *symptomatic*, our author has only fallen into the common error of medical writers. Against the division we enter our protest.

If by an idiopathic complaint, we are to understand a *general* disease, neither preceded nor accompanied by a *local* affection, we declare our conviction that no such disease ever did or ever can exist.

Disease consists essentially in *broken* or *unbalanced* excitement—excitement no longer equable and uniform. But *excitement* cannot long be broken, without a similar derangement in the *circulation*. Hence congestion, either venous, or arterial, or both, occurs.

Those forms of amenorrhœa which our author denominates *idiopathic*, such,

1011. It commonly happens in the case of suppression, that though the menses do not flow at their usual periods, there are often at those periods some marks of an effort having a tendency to produce the discharge. It is, therefore, at those times especially when the efforts of the system are concurring, that we ought to employ the remedies for curing a suppression; and it is commonly fruitless to employ them at other times, unless they be such as require some continuance in their use to produce their effects.

1012. Nearly similar to the cases of suppression, are those cases in which the menses flow after long intervals, and in lesser quantity than usual; and when these cases are attended with the disorders in the system (1009.) they are to be cured by the same remedies as the cases of entire suppression.

1013. It may be proper in this place to take notice of the dysmenorrhœa, or cases of menstruation in which the menses seem to flow with difficulty, and are accompanied with much pain in the back, loins, and lower belly. We impute this disorder partly to some weaker action of the vessels of the uterus, and partly, perhaps more especially, to a spasm of its extreme vessels. We have commonly found the disease relieved by employ-

for example, as arise from "cold and fear," are, in their commencement, obviously *local*.

In producing amenorrhœa, cold acts only on the *skin*; for the most part only on the skin of the *feet*, and is, therefore, in its original impression, exceedingly circumscribed.

Being a passion of the mind, fear acts *originally* on the *brain*, which is a very limited organ. Diseases, then, resulting from the influence of this passion, as well as from that of cold, must be in their commencement *local*.

Indeed, to speak of a disease, *general* in its beginning, or of a *general* disease unaccompanied by a *local* affection, is, we repeat, to speak of that which has never been seen. As well may you contend for the existence of a living tree without a root, or of a running stream without a fountain to feed it.

ing some of the remedies of suppression immediately before the approach of the period, and at the same time employing opiates.

CHAPTER IX.

OF SYMPTOMATIC HÆMORRHAGIES.

1014. I HAVE thought it very improper, in this work, to treat of those morbid affections that are almost always symptomatic of other more primary diseases; and this for several reasons, particularly because it introduces a great deal of confusion in directing practice, and leads physicians to employ palliative measures only. I shall here, however, deviate a little from my general plan, to make some reflections upon symptomatic hæmorrhagies.

1015. The hæmorrhagies of this kind that especially deserve our notice, are the **Hematemesis**, or Vomiting of Blood; and the **Hematuria**, or the Voiding of Blood from the urinary passage. Upon these I am here to make some remarks; because, though they are very generally symptomatic, it is possible they may be sometimes primary and idiopathic affections; and because they have been treated of as primary diseases in almost every system of the practice of physic.

SECTION I.

OF THE HEMATEMESIS, OR VOMITING OF BLOOD.

1016. I HAVE said above in 994, in what manner blood thrown out from the mouth may be known to proceed from the stomach, and not from the lungs; but it may be proper here to say more particularly, that this may be certainly known, when the blood is brought up manifestly by vomiting without any coughing; when this vomiting has been preceded by some sense of weight, anxiety, and pain, in the region of the stomach; when the blood brought up is of a black and grumous appearance, and when it is manifestly mixed with other contents of the stomach; we can seldom have any doubt of the source from whence the blood proceeds, and therefore of the existence of the disease we treat of.

1017. We must allow it to be possible that a plethoric state of the body from general causes may be accompanied with causes of a peculiar determination and afflux of blood to the stomach, so as to occasion an haemorrhagy there, and thence a vomiting of blood; and in such a case this appearance might be considered as a primary disease. But the history of diseases in the records of physic, affords little foundation for such a supposition; and on the contrary, the whole of the instances of a vomiting of blood which have been recorded, are pretty manifestly symptomatic of a more primary affection.

Of such symptomatic vomitings of blood, the chief instances are the following:

1018. One of the most frequent is that which appears

in consequence of a suppression of an evacuation of blood, which had been for some time before established in another part of the body, particularly that of the menstrual flux in women.

1019. There are instances of a vomiting of blood happening from the *retention* of the menses; but such instances are very uncommon; as retention of the menses rarely happens in consequence of, or even with a plethoric state of the body; and as rarely does it produce that, or the hæmorrhagy in question.

There are instances of a vomiting of blood happening to pregnant women; that might therefore also be imputed to the suppression of the menses, which happens to women in that state. There have indeed been more instances of this than of the former case; but the latter are still very rare: for although the blood which used to flow monthly before impregnation, is, upon this taking place, retained, it is commonly so entirely employed in dilating the uterine vessels, and in the growth of the foetus, that it is seldom found to produce a plethoric state of the body, requiring a vicarious outlet.

The vomiting of blood, therefore, that is vicarious of the menstrual flux, is that which commonly and almost only happens upon a suppression of that flux, after it had been for some time established.

1020. When such a suppression happens, it may be supposed to operate by inducing a plethoric state of the whole body, and thereby occasioning hæmorrhagy from other parts of it; and hæmorrhagies from many different parts of the body have been observed by physicians as occurring in consequence of the suppression we speak of. It is, however, the great variety of such hæmorrhagies, that leads me to think, that with the plethoric state of the whole body there must always be some pe-

cular circumstances in the part from which the blood flows, that determines its afflux to that particular, often singularly odd, part; and therefore, that such hæmorrhagies may from these circumstances occur without any considerable plethora at the same time prevailing in the whole system.

1021. It is to be observed, that if we are to expect an hæmorrhagy in consequence of the suppression of the menses inducing a plethoric state of the system, we should expect especially an hæmoptysis, or hæmorrhagy from the lungs, as a plethora might be expected to show its effects especially there; and accordingly, upon occasion of suppressed menses, that hæmorrhagy occurs more frequently than any other; but even this, when it does happen, neither in its circumstances nor its consequences, leads us to suppose, that at the same time any considerable or dangerous plethora prevails in the body.

1022. These considerations (in 1020, 1021.) will, I apprehend, apply to our present subject; and I would therefore allege, that a hematemesis may perhaps depend upon particular circumstances of the stomach determining an afflux of blood to that organ; and may, therefore, occur without any considerable or dangerous plethora prevailing in the system. What are the circumstances of the stomach, which upon the occasion mentioned, may determine an afflux of blood to it, I cannot certainly or clearly explain; but presume that it depends upon the connection and consent which we know to subsist between the uterus and the whole of the alimentary canal, and especially that principal part of it, the stomach.*

* Besides the powerful sympathy known to subsist between the uterus and stomach, a preternatural determination of blood to the latter organ appears to be oftentimes produced by an immoderate use of wine, ardent spi-

1023. From these reflections, we may, I think, draw the following conclusions:

I. That the hematemesis we speak of, is hardly ever a dangerous disease.

II. That it will hardly ever require the remedies suited to the cure of active haemorrhagy; and at least that it will require these only in those unusual cases in which there appear strong marks of a general plethora, and in which the vomiting of blood appears to be considerably active, very profuse, and frequently recurring.

III. That a vomiting of blood from suppressed menses, ought seldom to prevent the use of these remedies of amenorrhœa, which might be improper in the case of active idiopathic haemorrhagy.

1024. Another case of symptomatic hematemesis quite analogous to that already mentioned, is the hematemesis following, and seemingly depending upon, the suppression of an haemorrhoidal flux, which had been established and frequent for some time before.

This may perhaps be explained by a general plethoric state induced by such a suppression; and indeed some degree of a plethoric state must in such a case be supposed to take place; but that supposition alone will not explain the whole of the case; for a general plethora would lead us to expect an haemoptysis (1021.) rather than an hematemesis; and there is therefore something still wanting, as in the former case, to explain the particular determination to the stomach.

Whether such an explanation can be got from the connexion between the different parts of the sanguiferous vessels of the alimentary canal, or from the con-

rits, vinegar, or some other strongly stimulating beverage. Most of the serious cases of hematemesis we have had occasion to witness, have occurred in the persons of habitual drunkards—at least, of individuals addicted to intemperance.

nexions of the whole of these vessels with the vena portarum, I shall not venture to determine. But in the mean time I imagine, that the explanation required is rather to be obtained from that connexion of the stomach with the haemorrhoidal affection that I have taken notice of in 945.*

* Hematemesis arising from a suppression of the haemorrhoidal flux, is by no means a rare occurrence.

As we know of no remedies or modes of practice that belong in a particular manner to this disease, we have but little to say on the subject of its treatment. As a general rule, what is applicable in other cases of haemorrhagy, will be found equally applicable and useful here. Perfect quietude of both body and mind should be strictly enjoined. If the habit be plethoric and the symptoms inflammatory, blood-letting will be requisite. Owing, however, to the powerful influence of affections of the stomach, in moderating the action of the heart and arteries, this remedy can rarely be carried to any considerable extent. We have occasionally repeated it two or three times: but such cases seldom occur. Here, however, as in all other instances of disease, the pulse and the state of the system must direct.

In hematemesis, as in haemoptysis, it is particularly necessary that the drinks be cool. Perhaps even iced water swallowed in small quantities, and frequently repeated, might be found useful, by acting as an astringent on the ruptured vessel. Drinks of a mucilaginous quality, as flax-seed tea, barley water, or a solution of gum arabic in water, are also productive of salutary effects.

In the treatment of haemoptysis, culinary salt is a useful remedy: what would be its effects in that of hematemesis?

In addition to the use of astringents, as symptoms may indicate, the application of cups and blisters to the abdomen will prove advantageous. So will the frequent emptying of the bowels by means of injections. Should purgatives be found necessary, as they sometimes are, the mild saline ones will be most suitable. Castor oil is also, at times, exhibited with advantage.

Cases of hematemesis that had obstinately resisted other means, have yielded, at length, to copious purging.

When this disease is to be regarded as a translation of haemorrhoids to the stomach, the application of leeches to the haemorrhoidal vessels is a promising remedy.

As a styptic in it, the *tinctura ferri muriatis*, in doses of from twenty to thirty drops, exhibited every two hours, in cold water, is recommended as useful.

Should pain or irritation render opium necessary, its exhibition by injection will be entitled to a preference.

Although spermaceti is favourably spoken of by European practitioners, we acknowledge ourselves at a loss as to the grounds of the prescription. We do not consider it a very promising remedy.

1025. How we may explain the hematemesis occasioned by a suppression of the haemorrhoids, the considerations in 1020, 1021, will apply here as in the analogous case of hematemesis from suppressed menses; and will, therefore, allow us also to conclude here, that the disease we now treat of will seldom be dangerous, and will seldom require the same remedies that idiopathic and active haemorrhagy does.

1026. The cases of hematemesis already mentioned, may be properly supposed to be haemorrhagies of the arterial kind; but it is probable that the stomach is also liable to haemorrhagies of the venous kind (767.)

In the records of physic there are many instances of vomiting blood, which were accompanied with a tumefied spleen, which had compressed the vas breve, and thereby prevented the free return of venous blood from the stomach. How such an interruption of the venous blood may occasion an haemorrhagy from either the extremities of the veins themselves, or from the extremities of their correspondent arteries, we have explained above in 768; and the histories of tumefied spleens compressing the vasa brevia, afford an excellent illustration and confirmation of our doctrine on that subject, and render it sufficiently probable that vomitings of blood often arise from such a cause.

1027. It is also possible, that an obstruction of the liver resisting the free motion of the blood in the vena portarum, may sometimes interrupt the free return of the venous blood from the vessels of the stomach, and thereby occasion a vomiting of blood; but the instances

If hematemesis arise from an obstruction or enlargement of the liver or spleen, its cure will depend on a removal of these affections by mercury and other suitable remedies

In obstinate cases of it, arising from common causes, repeated injections of cold water have been found efficacious.

of this are neither so frequent nor so clearly explained as those of the former case.

1028. Besides these cases depending on the state of the liver or spleen, it is very probable that other hæmorrhagies of the stomach are frequently of the venous kind.

The disease named by Sauvages, Melæna, and by other writers commonly termed the *Morbus Niger* (771.), consisting in an evacuation either by vomiting or by stool, and sometimes in both ways, of a black and grumous blood, can hardly be otherwise occasioned, than by a venous hæmorrhagy from some part of the internal surface of the alimentary canal.

It is, indeed, possible, that the bile may sometimes put on a black and viscid appearance, and give a real foundation for the appellation of an *Atra Bilis*: but it is certain, that instances of this are very rare; and it is highly probable that what gave occasion to the notion of an *atra bilis* among the ancients, was truly the appearance of blood poured into the alimentary canal in the manner I have mentioned; and which appearance, we know, the blood always puts on when it has stagnated there for any length of time. I suppose it is now generally thought, that Boerhaave's notion of such a matter existing in the mass of blood, is without any foundation; whilst, by dissections in modern times, it appears very clearly, that the *morbus niger* presenting such an appearance of blood, always depends upon the effusion and stagnation I have mentioned.

1029. From this account of the melæna it will appear that vomiting of blood may arise in consequence of blood being poured out in the manner I have mentioned, either into the cavity of the stomach itself, or into the superior portions of the intestines, from whence matters often pass into the stomach.

1030. Both in the case of the melæna, and in the analogous cases from affections of the spleen or liver, it will appear, that the vomitings of blood occurring must be considered as symptomatic affections, not at all to be treated as a primary active hæmorrhagy, but by remedies, if any such be known, that may resolve the primary obstructions.

1031. I believe I have now mentioned almost the whole of the causes producing an hematemesis; and certainly the causes mentioned, are those which most commonly give occasion to that symptom. Possibly, however, there may be some other causes of it, such as that singular one mentioned by Sauvages of an aneurism of the aorto bursting into the stomach; and it is possible, that some diseases of other contiguous parts, which have become closely adhering to the stomach, may sometimes, by a rupture into the cavity of the stomach, pour blood into it, which is afterwards rejected by vomiting. It is possible also, that abscesses and ulcerations of the stomach itself, may sometimes pour blood into its cavity to be thrown up by vomiting.

I did not think it necessary, among the symptomatic vomitings of blood, to enumerate those from external violence, nor, what is analogous to it, that which arises from violent straining to vomit; which last, however, is much more rare than might be expected. In either of these cases the nature of the disease cannot be doubtful; and the management of it will be readily understood from what has been delivered above with respect to moderating and restraining hemorrhagy in general.

SECTION II.*

OF THE HEMATURIA, OR THE VOIDING OF BLOOD
FROM THE URINARY PASSAGE.

1032. It is alleged, that an hematuria has occurred without any other symptom of an affection of the kidneys or urinary passages being present at the same time; and as this happened to plethoric persons, and recurred at fixed periods, such a case has been supposed

* Practitioners of medicine are frequently at a loss as to the cause of the vitiated condition of urine. The following circumstances may serve, at times, as discriminating marks of hematuria.

The blood, which may have become black and grumous, being specifically heavier than the urine, falls to the lower part of the bladder. It is consequently discharged in larger quantities, in the beginning, than towards the end of making water. Hence the urine first evacuated is deep coloured and muddy; but, as it continues to flow, becomes lighter coloured by degrees, until it assumes, at length, its natural appearance.

Besides the antihæmorrhagic remedies, already recommended in hæmatemesis and elsewhere, *ura ursi* is said to be peculiarly useful in hematuria. *Digitalis* is also very highly recommended. Cold applications to the scrotum in men and the pudenda in women, are found to be productive of beneficial effects. So also is the employment of emetics.

By means of injections the bowels should be kept free from irritating contents.

If the disease continue obstinate, let cups be applied to the region of the kidneys. Nor would we withhold blisters from the same part, from any apprehension of the production of strangury. Should that affection occur, it may even prove useful on the principle of *revulsion*; which is but another term for that of *sympathy*.

The carbonate of soda is recommended here as an efficacious remedy.

In a paper contained in the 8th volume of *Medical Tracts and Observations*, a case of hematuria, of great obstinacy, is reported to have been cured by a decoction of peach leaves. The decoction was prepared by boiling an ounce of the dried leaves in a quart of water, until it was reduced to a pint and a half. Of this the patient drank a pint in the course of the day.

In this complaint, nauseating doses of tartarized antimony constitute a remedy of fair promise. So does vitriolated zinc, exhibited in such quantities, and at such intervals, as to produce on the stomach a similar effect.

to be an instance of idiopathic hematuria, and of the nature of those active haemorrhages I have treated of before.

1033. I cannot positively deny the existence of such a case; but must observe, that there are very few instances of such upon the records of physic; that none have ever occurred to my observation, or to that of my friends; and that the observations adduced may be fallacious, as I have frequently observed an hematuria without symptoms of other affection of the kidney or urinary passages being, for the time, present; whilst, however, fits of a nephralgia calculosa having, before, or soon after, happened, rendered it to me sufficiently probable, that the hematuria was owing to a wound made by a stone present in some part of the urinary passages.

1034. The existence of an idiopathic hematuria is further improbable, as a general plethora is more likely to produce an haemoptysis (1021.), and as we do not well know of any circumstance which might determine more particularly to the kidneys. An idiopathic hematuria, therefore, must certainly be a rare occurrence; and instances of symptomatic affections of the same kind are very frequent.

1035. One of the most frequent is, that hematuria which attends the nephralgia calculosa, and seems manifestly to be owing to a stone wounding the internal surface of the pelvis of the kidney or of the ureter. In such cases, the blood discharged with the urine is sometimes of a pretty florid colour, but for the most part is of a dark hue: the whole of it is sometimes diffused or dissolved, and, therefore, entirely suspended in the urine; but if it is in any large quantity, a portion of it is deposited to the bottom of the vessel containing the voided blood and urine. On different occasions, the

blood voided puts on different appearances. If the blood poured out in the kidney has happened to stagnate for some time in the ureters or bladder, it is sometimes coagulated, and the coagulated part is afterwards broken down into a grumous mass of a black or dark colour, and therefore gives the same colour to the urine voided; or if the quantity of broken down blood is small, it gives only a brownish urine resembling coffee. It sometimes also happens, that the blood stagnating and coagulating in the ureters, takes the form of these vessels, and is therefore voided under the appearance of a worm; and if the coagulated blood happens to have, as it may sometimes have, the gluten separated from the red globules, these worm-like appearances have their external surface whitish, and the whole seemingly forming a tube containing a red liquor. I have sometimes observed the blood which had seemingly been coagulated in the ureter, come away in an almost dry state resembling the half-burnt wick of a candle.

1036. These are the several appearances of the blood voided in the hematuria calculosa, when it proceeds especially from the kidneys or ureter; and many of the same appearances are observed when the blood proceeds only from the bladder when a stone is lodged there; but the attending symptoms will commonly point out the different seat of the disease.

In one case, when a quantity of blood from the kidney or ureter is coagulated in the bladder, and is, therefore, difficultly thrown out from this, the pain and uneasiness on such an occasion may appear chiefly to be in the bladder, though it contains no stone; but the antecedent symptoms will commonly discover the nature of the disease.

1037. In any of the cases of the hematuria calculosa, it will hardly be necessary to employ the remedies suit-

ed to an active hæmorrhagy. It will be proper only to employ the regimen fit for moderating hæmorrhagy in general, and particularly here to avoid every thing or circumstance that might irritate the kidneys or ureters. Of such cases of irritation there is none more frequent or more considerable than the presence of hardened faeces in the colon: and these, therefore, are to be frequently removed by the frequent use of gentle laxatives.

1038. The hematuria calculosa may be properly considered as a case of the hematuria violenta: and, therefore, I subjoin to that the other instances of hematuria from external violence; such as that from external contusion on the region of the kidney, and that from the violence or long continued exercise of the muscles incumbent on the kidneys. An instance of the latter cause occurs especially in riding.

1039. It may also be considered as a case of the hematuria violenta, when the disease occurs in consequence of the taking in of certain acrid substances, which pass again especially by the urinary passages; and by inflaming and swelling the neck of the bladder, bring on a rupture of the over-distended blood-vessels, and give occasion to a bloody urine. The most noted instance of this is in the effect of cantharides in a certain quantity, any way introduced into the body. And possibly some other acrids may have the same effect.

1040. Beside these most frequent instances of hematuria, which cannot be considered as idiopathic hæmorrhagies, there are some other instances of hematuria mentioned by authors, that are still, however, manifestly symptomatic; such as a discharge of blood from the urinary passages, in consequence of a suppression of either the menstrual or hæmorrhoidal flux. These may be considered as analogous to the hematemesis produc-

ed by the like causes; and the several reflections made above on that subject, will, I think, apply here, and particularly the conclusions formed in 1023. Instances, however, of either of these cases, and especially of the first, have been extremely rare.

1041. Of such symptomatic hematuria there is, however, one instance deserving notice; and that is, when a suppression of the hæmorrhoidal flux, either by a communication of vessels, or merely by the vicinity of parts, occasions a determination of blood into the vessels of the neck of the bladder, which, in consequence of a rixis or anastomosis, pour out blood to be voided either with or without urine. This case is what has been named the *Hæmorrhoides Vesicæ*; and with some propriety, when it is manifestly an evacuation vicarious of what had before been usually made from the rectum. With respect to the management of the *hæmorrhoides vesicæ*, I would apply the whole of the doctrines that I have delivered above, with respect to the cure of the proper hæmorrhoidal affection.

1042. There remains still to be mentioned one other instance of symptomatic hematuria, which is that which happens in the case of confluent and putrid small-pox, as well as in several other instances of putrid diseases. The blood, in such cases, may be presumed to come from the kidneys; and I apprehend that it comes from thence in consequence of that fluidity which is always produced in the blood approaching to a putrid state. Such hematuria, therefore, is not to be considered as a symptom of any affection of the kidneys, but merely as a mark of the putrescent state of the blood.

1043. In certain diseases the urine is discharged of such a deep red colour, as to give a suspicion of its being tinged by blood present in it; and this has given occasion to *Sauvages*, amongst the other species of he-

maturia, to mark the hematuria spuria, and the hematuria latertia; both of which, however, he supposes to be without any blood present in the urine. In many cases it is of importance, in ascertaining the nature of the disease, to determine whether the red colour of urine be from blood present in it, or from a certain state of the salts and oils which are always in greater or lesser proportion constituent parts of the urine; and the question may be commonly determined by the following considerations.

It has been observed above, that when any considerable quantity of blood is voided with the urine, there is always a portion of it deposited at the bottom of the vessel containing the voided blood and urine: and in such a case there will be no doubt in attributing the colour of the urine floating above to some part of the blood diffused in it. The question, therefore, with respect to the presence of blood in the urine can only occur when no such deposition as I have mentioned appears; and when the blood that may be supposed to be present is dissolved or diffused, and therefore entirely suspended in the urine. In this case the presence of the blood may be commonly known, 1st, By the colour, which blood gives, different from any urine without blood that I have ever seen; and I think a little experience will enable most persons to make this distinction. 2dly, By this, that the presence of blood always diminishes the transparency of the urine with which it is mixed; and it is very seldom that urine, though very high coloured, loses its transparency; at least this hardly ever appears, if the urine is examined when recently voided. 3dly, When urine has blood mixed with it, it tinges a piece of linen dipped into it with a red colour, which the highest coloured urine without blood, never does. 4thly, High coloured urine without blood, upon

cooling, and remaining at rest in a vessel, almost always deposits a lateritious sediment; and if upon any occasion bloody urine should deposit a sediment that may be of a portion of the blood formerly diffused in it, the difference, however, may be discerned by this, that the sediment deposited by urine without blood, upon the urine's being again heated, will be entirely redissolved, which will not happen to any sediment from blood. Lastly, we know no state of urine without blood, which shows any portion of it, coagulable by a heat equal to that of boiling water; but blood diffused in urine is still coagulable by such a heat; and by this test, therefore, the presence of blood in urine may be commonly ascertained.

BOOK V.

OF PROFLUVIA,* OR FLUXES, WITH PYREXIA.

1044. FORMER nosologists have established a class of diseases under the title of Fluxes, or Profluvia; but as in this class they have brought together a great number of diseases, which have nothing in common excepting the single circumstance of an increased discharge of fluids, and which also are, in other respects, very different from one another; I have avoided so improper an arrangement, and have distributed most of

* We have already observed, and, therefore, need not repeat, that both the diseases included by our author under the order profluvia, belong of right to that of phlegmasiæ. They are febrile complaints marked by an inflammatory topical affection.

the diseases comprehended in such a class by the nosologists, into places more natural and proper for them. I have, indeed, still employed here the general title; but I confine it to such fluxes only as are constantly attended with pyrexia, and which therefore necessarily belong to the class of diseases of which I am now treating.

Of the fluxes which may be considered as being very constantly febrile diseases, there are only two, the *catarrh* and *dysentery*; and of these, therefore, I now proceed to treat.

CHAPTER I.

OF THE CATARRH.

1045. THE catarrh is an increased excretion of mucus from the mucous membrane of the nose, fauces, and bronchiæ, attended with pyrexia.

Practical writers and nosologists have distinguished the disease by different appellations, according as it happens to affect those different parts of the mucous membrane, the one part more or less than the other: but I am of opinion, that the disease, although affecting different parts, is always of the same nature, and proceeds from the same cause. Very commonly, indeed, those different parts are affected, at the same time; and therefore there can be little room for the distinction mentioned.

The disease has been frequently treated of under the title of *Tussis*, or *Cough*; and a cough, indeed, always attends the chief form of catarrh, that is, the increased excretion from the bronchiæ; but a cough is so often a

symptom of many other affections, which are very different from one another, that it is improperly employed as a generic title.

1046. The remote cause of catarrh is most commonly cold applied to the body. This application of cold producing catarrh, can in many cases be distinctly observed; and I believe it would always be so, were men acquainted with, and attentive to, the circumstances which determine cold to act upon the body. (See 94—96.)

From the same paragraphs we may learn what in some persons gives a predisposition to catarrh.*

* The opinion here asserted we believe to be erroneous. So strong is, at times, the predisposition to catarrh, in consequence of certain corbific conditions of the atmosphere, that exposure and other causes too slight to be noticed, will produce the disease.

That catarrh, in all its diversified forms, is an atmospheric disease, no one is at present inclined to deny. It is not, however, at all times derivable from the *sensible* qualities of the atmosphere. It arises, very generally, from that peculiar undefined condition of the atmosphere denominated *a constitution*. This is not the case merely when that form of catarrh which we call influenza prevails. It is equally true of what is termed a common cold, when that complaint attacks numbers, as it generally does, at the same time. Rarely, if ever, can such a form of catarrh be correctly traced to any of the sensible qualities of the atmosphere.

On this topic we well know, that we differ materially from general belief. Common observers attribute common colds to changes in the atmosphere from a hot to a cold, or from a dry to a humid condition.

The representation is incorrect. Were these changes alone sufficient to produce catarrh, independently of an auxiliary predisposition in the human system, they would always do it, as often as they occur. But we need scarcely remark that this is not the case. A very large majority of our greatest and most sudden vicissitudes in the sensible qualities of the atmosphere produce no disease.

That catarrh may arise, predisposition must exist: and this predisposition can be the offspring of nothing, as we believe, but a peculiar and secret constitution of the atmosphere.

In further confirmation of this, we will be permitted to observe, that when vicissitudes in the atmosphere do excite disease, *that disease* is not always catarrh. It is often peripneumony, pleurisy, or rheumatism. But the nature and character of a complaint are always determined by predisposition. To render any disease either endemic or epidemic, a common pre-

1047. The disease, of which I am now to treat, generally begins with some difficulty of breathing through the nose, and with a sense of some fulness stopping up that passage. This is also often attended with some dull pain and a sense of weight in the forehead, as well as some stiffness in the motion of the eyes. These feelings, sometimes at their very first beginning, and always soon after, are attended with the distillation from the nose; and sometimes from the eyes, of a thin fluid, which is often found to be somewhat acrid, both by its taste, and by its fretting the parts over which it passes.

1048. These symptoms constitute the *coryza* and *gravedo* of medical authors, and are commonly attended with a sense of lassitude over the whole body. Sometimes cold shiverings are felt, at least the body is more sensible than usual to the coldness of the air; and with all this the pulse becomes, especially in the evenings, more frequent than ordinary.

1049. These symptoms seldom continue long before they are accompanied with some hoarseness, and a sense of roughness and soreness in the trachea, and with some difficulty of breathing, attributed to a sense of straitness of the chest, and attended with a cough,

disposition must prevail. But the atmosphere, being the only medium common to every one, must be regarded as the source of common affections.

There scarcely exists a febrile disease, that is not marked, at times, by something like an epidemic prevalence. This is true even of apoplexy, palsy, and hysteria. We have, in sundry instances, witnessed such a spread of those complaints, as to justify the remark.

Referring, then, to certain atmospheric constitutions, the predispositions to general diseases, which bestow on them their character, we regard vicissitudes in the sensible qualities of the atmosphere, as nothing more than exciting causes.

When, for example, other more latent causes have produced predispositions to catarrh, to peripneumony, to rheumatism, or to any of the forms of bilious fever, atmospheric vicissitudes excite those diseases into actual existence. This remark is illustrated, and its truth confirmed, by all correct observations on epidemics.

which seems to arise from some irritation felt at the glottis. The cough is generally at first dry, occasioning pains about the chest, and more especially in the breast. Sometimes, together with these symptoms, pains resembling those of the rheumatism are felt in several parts of the body, particularly about the neck and head. While these symptoms take place, the appetite is impaired, some thirst arises, and a general lassitude is felt over all the body.

1050. These symptoms (1047—1049.) mark the violence and height of the disease; which, however, does not commonly continue long. By degrees the cough becomes attended with a copious excretion of mucus; which is at first thin, but gradually becoming thicker, is brought up with less frequent and less laborious coughing. The hoarseness and soreness of the trachea likewise going off, the febrile symptoms abating, the cough becoming less frequent, and with less expectoration, the disease soon after ceases altogether.*

1051. Such is generally the course of this disease, which is commonly neither tedious nor dangerous; but, upon some occasions, it is in both respects otherwise. A person affected with catarrh seems to be more than usually liable to be affected by cold air; and in that condition, if exposed to cold, the disease, which seemed to be yielding, is often brought back with greater violence than before; and is rendered not only more tedious than otherwise it would have been, but also more dangerous by the supervening of other diseases.

1052. Some degree of the *cynanche tonsillaris*, often accompanies the catarrh; and, when the latter is aggra-

* 1047—48—49—50. The description of catarrh herein given is accurate and excellent. It may be truly denominated, a picture of the disease. The sensation in the chest, however, excited by coughing, is, for the most part, a soreness or an uneasiness, rather than a pain.

vated by a fresh application of cold, the cynanche also becomes more violent and dangerous, in consequence of the cough which is present at the same time.

1053. When a catarrh has been occasioned by a violent cause; when it has been aggravated by improper management; and especially when it has been rendered more violent by fresh and repeated applications of cold, it often passes into a pneumonic inflammation attended with the utmost danger.

1054. Unless, however, such accidents as those of 1051—1053, happen, a catarrh, in sound persons not far advanced in life, is, I think, always a slight disease, and attended with little danger. But, in persons of a phthisical disposition, a catarrh may readily produce an haemoptysis, or perhaps form tubercles in the lungs; and more certainly, in persons who have tubercles already formed in the lungs, an accidental catarrh may occasion the inflammation of these tubercles, and in consequence produce a phthisis pulmonalis.

1055. In elderly persons, a catarrh sometimes proves a dangerous disease. Many persons, as they advance in life, and especially after they have arrived at old age, have the natural mucus of the lungs poured out in greater quantity, and consequently requiring a frequent expectoration. If therefore a catarrh happen to such persons, and increase the influx of fluids to the lungs, with some degree of inflammation, it may produce the peripneumonia notha, which in such cases is very often fatal. (See 376. 382).*

1056. The proximate cause of catarrh seems to be an increased afflux of fluids to the mucous membrane

* 1054—5. The sentiments expressed in these articles are equally important and true. They, therefore, merit the utmost attention, and should be made the foundation of great precaution on the part of physicians as well as of patients.

of the nose, fauces and bronchiæ, along with some degree of inflammation affecting these parts. The latter circumstance is confirmed by this, that in the case of catarrh, the blood drawn from a vein commonly exhibits the same inflammatory crust which appears in the case of phlegmasiæ.*

1057. The application of cold which occasions a catarrh, probably operates by diminishing the perspiration usually made by the skin, and which is therefore determined to the mucous membrane of the parts above mentioned. As a part of the weight which the body daily loses by insensible evacuation, is owing to an exhalation from the lungs, there is probably a connexion between this exhalation and the cutaneous perspiration, so that the one may be increased in proportion as the other is diminished: and therefore we may understand how the diminution of cutaneous perspiration, in consequence of the application of cold, may increase the afflux of fluids to the lungs, and thereby produce a catarrh.†

1058. There are some observations made by Dr. James Keil which may seem to render this matter doubtful; but there is fallacy in his observations. The evident effects of cold in producing coryza, leave the matter in general without doubt; and there are several other circumstances which show a connexion between the lungs and the surface of the body.

* Catarrh consists in an inflammatory affection of this membrane, accompanied with fever. Of such affection an increased secretion is the natural consequence.

† The explanation herein attempted is too mechanical to apply to living matter. Like all other febrile complaints, catarrh is a disease of association. It begins at a point, and becomes general on principles of sympathy. Without the influence of such principles, how could a mere check or diminution of cutaneous perspiration determine an immoderate afflux of fluids to the schneiderian membrane? Such determination can arise only from the sympathy which exists between that membrane and the skin.

1059. Whether from the suppression of perspiration, a catarrh be produced merely by an increased afflux of fluids, or whether the matter of perspiration be at the same time determined to the mucous glands, and there excite a particular irritation, may be uncertain; but the latter supposition is sufficiently probable.*

1060. Although, in the case of a common catarrh, which is in many instances sporadic, it may be doubtful whether any morbific matter be applied to the mucous glands; it is, however, certain, that the symptoms of catarrh do frequently depend upon such a matter being applied to these glands; as appears from the case of measles, chin-cough, and especially from the frequent occurrence of contagious and epidemical catarrh.

1061. The mention of this last leads me to observe, that there are two species of catarrh, as I have marked in my Synopsis of Nosology. One of these, as I suppose, is produced by cold alone, as has been explained

* The supposition herein stated, we think extremely *improbable*. There exists in physiology no principle on which it can be maintained.

The matter of perspiration is a secretion formed from the blood by glandular action, but does not exist in the blood in a formal state, any more than bile, saliva, or the liquor of the pancreas. How, then, can it be determined to the "mucous glands" to excite irritation in them? The process is impossible. Until formed, by the action of the cutaneous capillaries, the perspirable matter as such, is a non-entity, in common with every thing else that has not yet received a formal existence.

To find applied to living organized beings such coarse mechanical doctrines as appertain only to dead matter, is humiliating to the medical profession.

The absurdity of our author's hypothesis, as here enunciated, is equalled only by that which maintains that a superabundance of carbon floating *loosely and formally* in the venous blood, constitutes the distinction between it and arterial blood, and that this carbon passes either mechanically or by chemical attraction through the coats of the pulmonary vessels, to unite with the oxygen of the air inspired, and form carbonic acid gas.

Neither the matter of perspiration thrown off by the skin, nor the carbon evacuated through the lungs, exists in the blood in a formal state. They are both real *secretions from* that fluid, as is every other healthy discharge from the living body, the *faeces* alone excepted.

above, and the other seems manifestly to be produced by a specific contagion.

Of such contagious catarrhs, I have pointed out in the Synopsis many instances occurring from the 14th century down to the present day. In all these instances the phenomena have been much the same; and the disease has always been particularly remarkable in this, that it has been the most widely and generally spreading epidemic known. It has seldom appeared in any one country of Europe, without appearing successively in every other part of it; and in some instances, it has been even transferred to America, and has been spread over that continent, so far as we have had opportunities of being informed.

1062. The catarrh from contagion appears with nearly the same symptoms as those mentioned (1047—1049.) It seems often to come on in consequence of the application of cold. It comes on with more cold shivering than the catarrh arising from cold alone, and sooner shows febrile symptoms, and these likewise in a more considerable degree. Accordingly, it more speedily runs its course, which is commonly finished in a few days. It sometimes terminates by a spontaneous sweat; and this in some persons, produces a miliary eruption. It is, however, the febrile state of this disease especially, that is finished in a few days; for the cough, and other catarrhal symptoms, do frequently continue longer; and often, when they appear to be going off, they are renewed by any fresh application of cold.*

* 1060—1—2. By his observations contained in these three articles, it is our author's intention to designate influenza. That disease, although always epidemic, is never contagious. It arises, we apprehend, from a morbid matter diffused throughout the atmosphere; but that matter is utterly incapable of specific propagation. The view of it herein given, although brief, is accurate, and communicates a faithful picture of the complaint; although somewhat, it must be acknowledged, of a miniature size.

1063. Considering the number of persons who are affected with catarrh, of either the one species or the other, and escape from it quickly without any hurt, it may be allowed to be a disease very free from danger; but it is not always to be considered as such; for in some persons it is accompanied with pneumonic inflammation. In the phthisically disposed, it often accelerates the coming on of phthisis; and in elderly persons, it frequently proves fatal in the manner explained above, (1053 and 1055.)*

1064. The cure of catarrh is nearly the same, whether it proceed from cold or contagion; with this difference, that in the latter case, remedies are commonly more necessary than in the former.

In the cases of a moderate disease, it is commonly sufficient to avoid cold, and to abstain from animal food for some days; or perhaps to lie a-bed, and, by taking frequently of some mild and diluent drink a little warmed, to promote a very gentle sweat; and after these to take care to return very gradually only, to the use of the free air.†

1065. When the disease is more violent, not only the antiphlogistic regimen must be exactly observed, but various remedies also become necessary.

To take off the phlogistic diathesis which always attends this disease, blood-letting, in a larger or smaller

* The statement given in this article is not only true, but of great moment. No disease is so powerful as influenza in ripening the seeds of pulmonary consumption. Nor does any one prove so fatal—certainly none more fatal—to persons who are far advanced in years. Let such persons, therefore, as well as those predisposed to consumption, most vigilantly guard against the disease.

† Instead of a mere avoidance of *animal food*, the patient should avoid *solid food* of every description. His only aliment ought to be, barley water, bran tea, flax-seed tea, gum arabic dissolved in water, and other farinaceous and mucilaginous drinks.

quantity, and repeated according as the symptoms shall require, is the proper remedy.

For restoring the determination of the fluids to the surface of the body, and at the same time for expediting the secretion of mucus in the lungs, which may take off the inflammation of its membrane, vomiting is the most effectual means.

For the latter purpose, it has been supposed, that squills, gum ammoniac, the volatile alkali, and some other medicines, might be useful: but their efficacy has never appeared to me to be considerable; and, if squills have ever been very useful, it seems to have been rather by their emetic than by their expectorant powers. When the inflammatory affections of the lungs seem to be considerable, it is proper, besides blood-letting, to apply blisters on some part of the thorax.

As a cough is often the most troublesome circumstance of this disease, so demulcents may be employed to alleviate it. See 373.

But after the inflammatory symptoms have much abated, if the cough should still continue, opiates afford the most effectual means of relieving it; and in the circumstances just now mentioned, they may be very safely employed. See 375.

After the inflammatory and febrile states of this disease are almost entirely gone, the most effectual means of discussing all remains of the catarrhal affection, is by some exercise of gestation diligently employed.*

* For determining to the surface and promoting expectoration, nauseating doses of tartarized antimony, combined with nitre, is a useful remedy. So is a combination of ipecacuanha and opium, when there exists an irritating, troublesome cough.

To the excellent plan of treatment herein proposed and sufficiently detailed by our author, we shall only further add, that we have seen many cases of influenza, in which a determination to the abdominal viscera was so strong, as to render copious purging a necessary remedy: and that, in other instances, the disease having a predominant determination to the skin,

CHAPTER II.

OF THE DYSENTERY.

1066. THE dysentery is a disease in which the patient has frequent stools accompanied with much griping, and followed by a tenesmus. The stools, though frequent, are generally in small quantity; and the matter voided is chiefly mucus, sometimes mixed with blood. At the same time the natural fæces seldom appear, and, when they do, it is generally in a compact and hardened form.

1067. This disease occurs especially in summer and autumn, at the same time with autumnal intermittent and remittent fevers; and with these it is sometimes combined or complicated.*

1068. The disease comes on sometimes with cold shiverings, and other symptoms of pyrexia; but more commonly the symptoms of the topical affection appear first. The belly is costive, with an unusual flatulence

yielded most readily to plentiful sweating—so diversified is its character on different occasions.

Purging to a great extent is necessary more especially in that form of influenza which prevails in the summer and autumnal seasons, in southern climates, and in low marshy tracts of country. Under these circumstances, the complaint is marked by a gastric and abdominal character, and calls for a mode of treatment similar to that of bilious fever.

In influenza, and every other epidemic disease, let the physician mark well the leading indications, and the steps which nature is pursuing to accomplish them, and these will be, in practice, his safest guides. With beacons so sure and palpable to direct him, he can scarcely err, or prove unsuccessful.

* Dysentery is a disease very incidental to armies, when, after or during warm weather, they are long exposed to heavy rains, or lie in low swampy grounds.

in the bowels. Sometimes, though more rarely, some degree of diarrhoea is the first appearance. In most cases the disease begins with griping, and a frequent inclination to go to stool. In indulging this, little is voided; but some tenesmus attends it. By degrees, the stools become more frequent, the griping more severe, and the tenesmus more considerable. Along with these symptoms there is a loss of appetite; and frequently sickness, nausea, and vomiting, also affecting the patient. At the same time there is always more or less of pyrexia present, which is sometimes of the remittent kind, and observes a tertian period. Sometimes the fever is manifestly inflammatory, and very often of a putrid kind. These febrile states continue to accompany the disease during its whole course, especially when it terminates soon in a fatal manner. In other cases, the febrile state almost entirely disappears, while the proper dysenteric symptoms remain for a long time after.*

1069. In the course of the disease, whether of a shorter or longer duration, the matter voided by stool is very various. Sometimes it is merely a mucous matter, without any blood, exhibiting that disease which Dr. Roderer has named the *morbus mucosus*, and others the *dysenteria alba*. For the most part, however, the mucus discharged is more or less mixed with blood. This sometimes appears only in streaks amongst the mucus; but at other times is more copious, tinging

* In consequence of the offensiveness of the alvine discharges, we are less surprised at the application of the term "putrid" to dysentery, than to most other diseases. Still, however, the epithet is incorrect in relation even to this complaint.

If the reader wishes to be thoroughly convinced of the absurdity of the term *putrid*, as applied to the living body, whether in health or disease, we beg leave to refer him to Dr. Seybert's Inaugural Dissertation, contained in the volume for 1805 of select "Medical Theses," published by Thomas and William Bradford.

the whole of the matter discharged; and upon some occasions a pure and unmixed blood is voided in considerable quantity. In other respects the matter voided is variously changed in colour and consistence, and is commonly of a strong and unusually foetid odour. It is probable that sometimes a genuine pus is voided; and frequently a putrid sanguis, proceeding from gangrenous parts. There are very often mixed with the liquid matter some films of a membranous appearance, and frequently some small masses of a seemingly sebacious matter.

1070. While the stools consisting of these various matters are, in many instances, exceedingly frequent, it is seldom that natural faeces appear in them; and when they do appear, it is, as I have mentioned, in the form of scybala, that is, in somewhat hardened, separate balls. When these are voided, whether by the efforts of nature, or solicited by art, they procure a remission of all the symptoms, and more especially of the frequent stools, griping, and tenesmus.

1071. Accompanied with these circumstances, the disease proceeds for a longer or a shorter time. When the pyrexia attending it is of a violent inflammatory kind, and more especially when it is of a very putrid nature, it often terminates fatally in a very few days, with all the marks of a supervening gangrene. When the febrile state is more moderate, or disappears altogether, the disease is often protracted for weeks, and even for months; but even then, after a various duration, it often terminates fatally, and generally in consequence of a return and considerable aggravation of the inflammatory and putrid states. In some cases the disease ceases spontaneously; the frequency of stools, the griping, and tenesmus, gradually diminishing, while natural stools return. In other cases, the disease with

moderate symptoms, continues long, and ends in a diarrhoea, sometimes accompanied with lienteric symptoms.

1072. The remote causes of this disease have been variously judged of. It generally arises in summer or autumn after considerable heats have prevailed for some time, and especially after very warm, and at the same time very dry states of the weather; and the disease is more frequent in warm, than in cooler climates. It happens, therefore, in the same circumstances and seasons which considerably affect the state of the bile in the human body; but as the cholera is often without any dysenteric symptoms, and copious discharges of bile have been found to relieve the symptoms of dysentery, it is difficult to determine what connexion this disease has with the state of the bile.

1073. It has been observed, that the effluvia from very putrid animal substances, readily affect the alimentary canal; and upon some occasions they certainly produce a diarrhoea; but, whether they ever produce a genuine dysentery, I have not been able to learn with certainty.

1074. The dysentery does often manifestly arise from the application of cold, but the disease is always contagious: and, by the propagation of such contagion, independent of cold, or other exciting causes, it becomes epidemic in camps and other places. It is, therefore, to be doubted if the application of cold does ever produce the disease, unless where the specific contagion has been previously received into the body: and, upon the whole, it is probable that a specific contagion is to be considered as always the remote cause of this disease.*

* From what we have already repeatedly said, it is well known that we do not believe in the contagious nature of dysentery. That disease prevails often as an epidemic, spreading rapidly from a common origin. But it is

1075. Whether this contagion, like many others, be of a permanent nature, and only shows its effects in certain circumstances which render it active, or if it be occasionally produced, I cannot determine. Neither, if the latter supposition be received, can I say by what means it may be generated. As little do we know any thing of its nature considered in itself; or at most this only, that, in common with many other contagions, it appears to be commonly of a putrid nature, and capable of inducing a putrescent tendency in the human body. This, however, does not at all explain its peculiar power in inducing those symptoms which properly and essentially constitute the disease of dysentery. (1066.)*

never, we think, propagated from the sick to the well. In this respect it stands on a footing with the other phlegmasiæ, with which, of right, it ought to be associated.

* We do not understand the strange doctrine, which maintains, that a contagion may be in its nature "permanent," and yet "show its effects" only "in certain circumstances."

Contagion is *a poison*. If, therefore, its nature be permanent, its effects or action will be equally permanent—at least as often as it meets with a subject on which it *may* act.

As well might we maintain that fire will burn or water drown *only occasionally*, as become the advocates of the hypothesis herein set forth. A poison is, in its nature, something potential. It will act as long as it exists. The idea of a poison with its powers suspended or annihilated, amounts to an absurdity.

In his exposition of the *nature* of this disease, we think our author exceedingly visionary: in that of its *treatment*, he is no less defective. Without, therefore, considering ourselves bound to follow in the track which he has marked out, or to assume as our text what he has written, we shall, somewhat briefly, but as comprehensively as we can, deliver our sentiments on these two subjects.—

Although ultimately an *intestinal*, dysentery is, at its commencement, a *gastric* disease. Like other complaints arising from an aeriform poison, it originates in the stomach, but is soon thrown on the bowels, which then become its permanent seat; whence it extends itself throughout the system.

Dysentery, then, we consider as an inflammatory affection of the lower intestines—more especially of their interior coats—accompanied with fever. It might be denominated, perhaps, not incorrectly, a catarrhal or rheumatic affection of these parts. That in consequence of its inflammatory condition, there is a peculiar and very obstinate spasm of the colon, impeding its peristaltic motion, and preventing the expulsion of its fæcal contents, is also true.

1076. Of these symptoms, the proximate cause is still obscure. The common opinion has been, that the

This spasm, however, is an effect, not the original cause, of the disease. Remove entirely the inflammatory state of the part, and the morbid irritability attending it, with the spasm of the colon, will cease to exist.

The pathology of dysentery we believe to be the same with that of peripneumony, hepatitis, gastritis, or nephritis. The difference of the disease arises from the difference of the part inflamed, added to that of the morbid cause. Like most other febrile affections, this complaint is also accompanied with a stricture, or want of healthy action on the surface of the body. The cutaneous secretion is, therefore, in a defective state—in more common language, perspiration is suppressed.—From this general morbid state of things arise the nature and severity of the pain that is felt.

If this view of the pathology of dysentery be correct, the indications of cure are sufficiently obvious. They are, to remove inflammation, with the morbid irritation and spasm attending it, to procure a free discharge of the contents of the bowels, and to restore the healthy action of the skin. The relief of pain is a subordinate indication, and its completion follows, of course, when the principal ones are accomplished.

Thus analyzed, the practice, we think, becomes plain and easy.

If the inflammatory symptoms be high, and the patient plethoric and vigorous—and sometimes even independently of the existence of this latter condition—blood-letting is essential; and the operation must be repeated as often as circumstances may require. In some cases, blood must be taken away to a considerable amount.

The early exhibition of an emetic, either accompanied, or speedily followed, by a cathartic, is, in most instances, important. Besides discharging from the stomach such matters as might be morbidly irritating, the operation of the emetic aids in resolving the spasm of the intestines, and in effecting a free evacuation of their contents.

If an emetic be given alone, tartarized antimony is most suitable; and, as a cathartic to succeed it, nothing is preferable to castor oil, or Glauber's, Rochelle, or Epsom salts. If an emetic and cathartic be given in combination, a solution of tartarized antimony and Glauber's salts is an excellent preparation. The usual effect of it is a free and copious evacuation of the alimentary canal.

If the bowels cannot be moved by the oily or saline purgatives, a trial must be made with some of the more active. Of these, calomel and jalap, jalap and cream of tartar, a strong decoction of senna holding Glauber's salts in solution, or a purgative preparation composed of balsam copaiva, mucilage of gum arabic, and lavender water, will be found to be highly efficacious and useful. Large and repeated doses of calomel, combined with opium, have sometimes succeeded in procuring a passage when other things had failed.

These purgatives must be repeated daily, changes being made from one to another of them, as circumstances may require, as long as the disease shall continue violent. To aid their operation, injections will be requisite, and, perhaps the most powerful injection that can be employed, will consist of

disease depends upon an acrid matter received into, or generated in the intestines themselves, exciting their

from fifteen to twenty grains of tartarized antimony, dissolved in about three gills of tepid water, with the addition of two or three table spoonfuls of sweet oil. This, if well administered, and retained for a time in the rectum, seldom fails to produce a discharge of faecal contents.

By the action of the tartarized antimony, whether it be exhibited by the mouth, or by injection, but especially when given in the former mode, something will be done towards a restoration of the healthy action of the skin. This object may be still further promoted, by giving the same article occasionally in nauseating doses, accompanied by the use of diluting drinks. For the same purpose, ipecacuanha, combined with opium, is sometimes exhibited with the happiest effect.—Such is the practice necessary to be pursued during the first, or most inflammatory stage of dysentery.

When the febrile symptoms have been considerably subdued, and the bowels freely evacuated, opiates must be administered for the twofold purpose of relieving pain, and procuring sleep. When exhibited in the evening they are most useful; sleep during the night being more salutary and restorative, than that which is enjoyed in the course of the day. Anodyne injections, consisting of opium dissolved in mucilage of gum arabic or flax-seed tea, are sometimes better retained and prove more efficacious, than opiates by the mouth. These points, however, must be regulated entirely by the judgment of the practitioner. In relation to them, no abstract and binding rule can possibly be laid down. We shall only observe, that opiates in some form should be administered, as often as they are called for by the severity of the pain, provided their operations do not too much interfere with the evacuation of the bowels.

After the bowels have been sufficiently evacuated, an excellent remedy to allay irritation and tenesmus, is an injection composed of from half a pint to three gills of melted butter, free from salt. This may be repeated every three or four hours; or oftener, should circumstances require it. It is important that the butter be free from rancidity as well as salt.

If the pain continue obstinate, and the abdomen be tumefied, hard and sore to the touch, in addition to fomentations and anodyne liniments, the application of cups or leeches and blisters to it, will be found indispensable. In the treatment of such a case, a gentle mercurial ptyalism has sometimes been induced with the happiest effect.

In every case, where the disease is likely to assume a chronic form, more especially if there be reason to apprehend the existence of a hepatic affection, a moderate salivation is the most promising remedy.

On various occasions, throughout the course of the disease, mucilaginous injections will be useful and necessary. They may consist of flax-seed tea, barley water, a solution of gum arabic in water, or a decoction of starch. The proper time of their administration the judgment of the practitioner alone can direct. An important object to be attained by them is an alleviation of tenesmus.

From the commencement to the close of the complaint, the drinks in gene-

peristaltic motion, and thereby producing the frequent stools which occur in this disease. But this supposi-

ral should be diluting, mucilaginous, and mild. In the latter stages, when fever and inflammation have disappeared, and debility is considerable, a small quantity of wine may be advantageously allowed. So may light broths and animal jellies. But, until a considerable progress shall have been made in convalescence, solid animal food is totally inadmissible.

When a great disposition to acescency prevails in the stomach, preparations of rice, crackers, and well baked bread, are highly useful as articles of diet.

When solid animal food has become admissible, salted meat is usually found to be preferable to fresh.

In the treatment of dysentery, the article of clothing is of no small importance. Flannel should be worn next to the skin in general, with one or two additional folds of it over the abdomen. Certain late writers recommend the use of a broad flannel roller, passed several times around the abdomen, with some degree of tightness. This answers the twofold purpose of promoting perspiration, and giving the necessary support to the weakened intestines.

A strong solution of muriate of soda in vinegar, has been given in this disease; and, as report represents, with very salutary effects. We tried the preparation once, in the case of a boy about nine years old, and thought it useful. Pain and tenesmus appeared certainly to be relieved by it: the bowels, moreover, were kindly opened. We simply state the fact; but shall not attempt its explanation. Nor can we venture to recommend the remedy on a single trial.

When the convalescence proves lingering and unsteady, accompanied by a constant or occasional diarrhoea, opiates, astringents, and mild tonics may be given with advantage. A very valuable astringent is a decoction of logwood. But the chief reliance must be placed on regimen; and, in the more obstinate cases, on a change of climate.

When dysentery degenerates into a chronic state, a grain or two of ipecacuanha, combined with a little opium, may be given several times a day, to suspend irritation and determine to the skin. To this add a steady use of an infusion of colombo, and riding on horseback, if the patient be possessed of sufficient strength. From this practice great benefit has been oftentimes derived.

Of late pulverized charcoal has been recommended in dysentery, in the quantity of a table spoonful three or four times a day.

Dr. Moseley, a very respectable West India writer, concurs with Dr. Sydenham in considering dysentery as *the fever of the season thrown on the bowels*, by means of a great and sudden suppression of perspiration. The restoration of perspiration, therefore, constitutes his *leading*, indeed almost his *sole* object, in the treatment of the disease. Hence, after preparing the way for them by blood-letting, if requisite, and cleansing the bowels of their irritating contents; he places his reliance almost exclusively on the employment of sudorifics. We apprehend that he pushes his theory too far.

For much learned, curious, and interesting matter on the subject of dysentery, the reader is referred to the last edition of Dr. Moseley's "Treatise on Tropical Diseases." Those who are desirous of still further information,

tion cannot be admitted; for in all the instances known of acrid substances applied to the intestines and producing frequent stools, they at the same time produce copious stools, as might be expected from acrid substances applied to any length of the intestines. This, however, is not the case in dysentery; in which the stools, however frequent, are generally in very small quantity, and such as may be supposed to proceed from the lower parts of the rectum only. With respect to the superior portions of the intestines, and particularly those of the colon, it is probable they are under a preternatural and considerable degree of constriction: for, as I have observed above, the natural fæces are seldom voided; and when they are, it is in a form which gives reason to suppose, they have been long retained in the cells of the colon, and consequently that the colon had been affected with a preternatural constriction. This is confirmed by almost all the dissections which have been made of the bodies of dysenteric patients, in which, when gangrene had not entirely destroyed the texture and form of the parts, considerable portions of the great guts have been found affected with a very considerable constriction.

1077. I apprehend, therefore, that the proximate cause of dysentery, or at least the chief part of the proximate cause, consists in a preternatural constriction of the colon, occasioning at the same time those spasmodic efforts which are felt in severe gripings, and which efforts, propagated downwards to the rectum, occasion there the frequent mucus stools and tenesmus. But,

may consult, with advantage, the following writers:—Pringle Dis. Arm. Huxham de aere—Cleghorn Minor. Hillary Barbad. Akenside de Dysenteria. Monro Dis. Arin. Stark Historiæ Dysenteriæ. Wardrop de Dysenteria contagiosa Rollo on acute Dysentery, with various valuable papers in the periodical publications of Europe, and the Medical Repository of this country.

whether this explanation shall be admitted or not, it will still remain certain, that hardened fæces retained in the colon are the cause of the griping, frequent stools, and tenesmus; for the evacuation of these fæces, whether by nature or by art, gives relief from the symptoms mentioned; and it will be more fully and usefully confirmed by this, that the most immediate and successful cure of dysentery is obtained by an early and constant attention to the preventing the constriction, and the frequent stagnation of fæces in the colon.

1078. In this manner I have endeavoured to ascertain the proximate cause of dysentery, and therefore to point out also the principal part of the cure, which, from want of the proper view of the nature of the disease, seems to have been in several respects fluctuating and undetermined among practitioners.

1079. The most eminent of our late practitioners, and of the greatest experience in this disease, seem to be of opinion, that the disease is to be cured most effectually by purging assiduously employed. The means may be various; but the most gentle laxatives are usually sufficient; and as they must be frequently repeated, the most gentle are the most safe; the more especially as an inflammatory state so frequently accompanies the disease. Whatever laxatives produce an evacuation of natural fæces, and a consequent remission of the symptoms, will be sufficient to effectuate the cure. But if gentle laxatives shall not produce the evacuation now mentioned, some more powerful medicines must be employed; and I have found nothing more proper or convenient than tartar emetic, given in small doses, and at such intervals as may determine their operation to be chiefly by stool. Rhubarb, so frequently employed, is in several respects amongst the most improper purgatives.

1080. Vomiting has been held a principal remedy in this disease; and may be usefully employed in the beginning of it, with a view to both the state of the stomach and of the fever; but it is not necessary to repeat it often; and unless the emetics employed operate also by stool they are of little service. Ipecacuanha seems to possess no specific power: and it proves only useful when so managed as to operate chiefly by stool.

1081. For relieving the constriction of the colon, and evacuating the retained fæces, glysters may sometimes be useful; but they are seldom so effectual as laxatives given by the mouth; and acrid glysters, if they be not effectual in evacuating the colon, may prove hurtful by stimulating the rectum too much.

1082. The frequent and severe griping attending this disease, leads almost necessarily to the use of opiates, and they are very effectual for the purpose of relieving from the gripes; but by occasioning an interruption of the action of the small guts, they favour the constriction of the colon, and thereby sometimes aggravate the disease; and if at the same time the use of them supersede in any measure the employing of purgatives, it commonly does much mischief; I believe it indeed to be only the neglect of purging that renders the use of opiates very necessary.

1083. When the gripes are both frequent and severe, they may sometimes be relieved by the employment of a semicupum, or by a fomentation of the abdomen, continued for some time. In the same case, the pains may be relieved, and, as I think, the constriction of the colon may be taken off, by blisters applied to the lower belly.

1084. At the beginning of this disease, when the fever is any way considerable, blood-letting, in patients of tolerable vigour, may be proper and necessary; and,

when the pulse is full and hard, with other symptoms of an inflammatory disposition, blood-letting ought to be repeated. But, as the fever attending dysentery is often of a putrid kind, or does, in the course of the disease, become soon of that nature, blood-letting must be employed with great caution.

1085. From the account now given of the nature of this disease, it will be sufficiently obvious, that the use of astringents in the beginning of it must be absolutely pernicious.

1086. Whether an acrid matter be the original cause of this disease, may be uncertain; but from the indigestion and the stagnation of fluids in the stomach which attend the disease, it may be presumed, that some acrid matters are constantly present in the stomach and intestines, and therefore that demulcents may be always usefully employed. At the same time, from this consideration that mild oily matters thrown into the intestines in considerable quantity always prove laxative. I am of opinion that the oleaginous demulcents are the most useful.

1087. As this disease is so often of an inflammatory or of a putrid nature, it is evident that the diet employed in it should be vegetable and acescent. Milk in its entire state is of doubtful utility in many cases; but some portion of the cream is often allowable, and whey is always proper.

In the first stages of the disease, the sweet and sub-acid fruits are allowable, and even proper. It is in the more advanced stages only that any morbid acidity seems to prevail in the stomach, and to require some reserve in the use of acescents. At the beginning of the disease, absorbents seem to be superfluous; and by their astringent and septic powers they may be hurtful.

1088. When this disease is complicated with an in-

intermittent fever, and is protracted from that circumstance chiefly, it is to be treated as an intermittent, by administering the Peruvian bark, which, however, in the earlier periods of the disease, is hardly to be admitted.

PART II.

OF NEUROSES,* OR NERVOUS DISEASES.

1089. IN a certain view, almost the whole of the diseases of the human body might be called NERVOUS: but there would be no use for such a general appellation; and on the other hand, it seems improper to limit the term, in the loose inaccurate manner in which it has been hitherto applied, to hysterical or hypochondriacal disorders, which are themselves hardly to be defined with sufficient precision.

1090. In this place I propose to comprehend, under the title of NEUROSES, all those preternatural affections of sense or motion which are without pyrexia, as a part of the primary disease; and all those which do not depend upon a topical affection of the organs, but upon a

* We have already stated as our opinion, which we beg leave to repeat, that the whole, or at least the greater part, of our author's class of neuroses or nervous diseases, have their seat in the stomach. Nor is this to be regarded as a mere speculative notion. It is a point which we consider eminently important in the practice of medicine. It is calculated to give our attention, in the treatment of those diseases, the proper direction. It points, in a particular manner, to the stomach and bowels, as the organs to which we should apply our remedies. It presses on us a truth, of which practitioners of physic are becoming daily more and more convinced, that emetics, cathartics, and tonics, constitute the remedies on which we must chiefly rely, in the cure of what are denominated nervous diseases. Such diseases are most certainly induced by whatever disorders and debilitates the stomach, and removed by those things which restore to it its healthy action.

more general affection of the nervous system, and of those powers of the system upon which sense and motion more especially depend.

1091. Of such diseases I have established a class, under the title of NEUROSES OR NERVOUS DISEASES. These I again distinguish, as they consist, either in the interruption and debility of the powers of sense and motion, or in the irregularity with which these powers are exercised; and have accordingly arranged them under the four orders of *Comata*, *Adynamiae*, *Spasmi*, and *Vesaniae*, to be defined as we proceed to treat of them more particularly.

BOOK I.

OF COMATA, OR THE LOSS OF VOLUNTARY MOTION.

1092. UNDER this title are comprehended those affections which have been commonly called the Soporose diseases; but they are most properly distinguished by their consisting in some interruption or suppression of the powers of sense and voluntary motion, or of what are called the animal functions. These are indeed usually suspended in the time of natural sleep: but of all the diseases to be comprehended under our title, sleep, or even the appearance of it, is not constantly a symptom. Of such diseases I can mark and properly explain two genera only, which come under the title of *Apoplexy* and *Palsy*.

CHAPTER I.

OF APOPLEXY.

1093. **APOPLEXY** is that disease in which the whole of the external and internal senses, and the whole of the voluntary motions, are in some degree abolished; while respiration and the action of the heart continue to be performed. - By its being an affection of the *whole* of the powers of sense and of voluntary motion, we distinguish it from *Palsy*: and by its being with the continuance of respiration and the action of the heart, it is distinguished from *Syncope*. I have further added to the ordinary definition of Apoplexy, that the abolition of the powers of sense and motion is in *some degree* only; meaning by this to imply, that under the title of Apoplexy, are here comprehended those diseases which, as differing from it in degree only, cannot, with a view either to pathology or practice, be properly distinguished from it: such are the diseases sometimes treated of under the names of *Carus*, *Cataphora*, *Coma*, and *Lethargus*.*

1094. Apoplexy, in all its different degrees, most commonly affects persons advanced in life, and especially those above sixty years of age. It most usually affects persons of large heads and short necks, persons

* Apoplexy sometimes resembles very strongly a profound sleep. But the process of discrimination is easy. A person may be certainly roused from natural sleep, by the application of powerful stimulants to the organs of sense—volatiles to the nose, loud and sharp sounds, a strong light, or severe pinching. But in a case of apoplexy, such applications have no effect.

The smell of the liquor being perceptible in the breath, constitutes the most certain mark of discrimination between apoplexy and deep intoxication.

of a corpulent habit, persons who have passed an indolent life and used a full diet, and especially those who have indulged in frequent intoxication. Men who have long laboured under a frequent and copious discharge of blood from the haemorrhoidal vessels, upon either the suppression or spontaneous ceasing of that discharge, are particularly liable to be affected with apoplexy.

1095. This disease frequently comes on very suddenly: but in many cases it is preceded by various symptoms, such as frequent fits of giddiness, frequent headaches, a haemorrhagy from the nose, some transitory interruption of seeing and hearing, some false vision and hearing, some transitory degree of numbness or loss of motion in the extremities, some faltering of the tongue in speaking, a loss of memory, a frequent drowsiness, and frequent fits of incubus.*

1096. An attention to these symptoms, and to the predisponent circumstances (1094.) will often enable us to foresee the more violent attacks of this disease.

1097. When the disease comes on suddenly to a considerable degree, it has been frequently observed to have been immediately induced by violent exercise, by a full and long continued inspiration; by a fit of anger; by much external heat, especially that arising from a crowded assembly of people; by warm bathing; by intoxication; by long stooping with the head down; and by a tight ligature about the neck. The disease has been remarked to make its attacks most frequently in

* Incubus is an affection of the stomach. Its being, therefore, a precursor of apoplexy, shows the latter to be a gastric disease. When this complaint is induced by a "long continued inspiration, violent exercise, or long stooping with the head down," its exciting cause is altogether mechanical. Still, however, even here, we believe the stomach concerned in creating the predisposition.

the spring season, and especially when the vernal heat suddenly succeeds to the winter cold.*

1098. The symptoms denoting the presence of this disease will be sufficiently known from the definition given 1093. Although the whole of the body is affected with the loss of sense and motion, it sometimes takes place more upon one side of the body than the other; and in that case the side least affected with palsy is sometimes affected with convulsions. In this disease there is often a stertorous breathing: and this has been said to be a mark of the most violent state of the disease: but it is not always present even in the most complete form or most violent degree of the disease.

1099. The proximate cause of this disease may be, in general, whatever interrupts the motion of the nervous power from the brain to the muscles, from voluntary motion; or in so far as sense is affected, whatever interrupts the motion of the nervous power from the sentient extremities of the nerves to the brain.

1100. Such an interruption of the motions of the nervous power may be occasioned, either *by some compression of the origin of the nerves*, or *by something destroying the mobility of the nervous power*. Both these causes we must treat of more particularly; and, first, that of compression, seemingly the most frequent occasion of apoplexy, and perhaps the occasion of all those apoplexies arising from internal causes.

1101. The loss of sense and motion in particular parts of the body, may be occasioned by a compression, either of the origin of certain nerves only, or of the same nerves in some part of their course from the brain to the organs of sense and motion. Such cases of partial compression will be more properly consider-

* Facts, we think, are wanting to establish the position, that apoplexy is particularly a vernal disease.

ed hereafter; and the affection I am now to treat of being general, it must depend upon a very general compression of the origin of the nerves, or medullary portion of the brain; and therefore, this more general compression only is to be considered here.

1102. This compression of the origin of the nerves, or medullary portion of the brain, may be produced in different ways; as,

1. By external violence fracturing and pressing in a part of the cranium.

2. By tumours, sometimes soft, sometimes bony, formed in different parts of the brain, or in its membranes, and becoming of such a bulk as to compress the medullary substance of the brain.

3. By the blood being accumulated in the blood-vessels of the brain, and distending them to such a degree as to compress the medullary portion of the same.

4. By fluids effused in different parts of the brain, or into the cavity of the cranium, and accumulated in such a quantity as to occasion the compression we treat of.

And as to this last, it is to be remarked here, that the fluids effused may be of two kinds; that is, they may be either a portion of the common mass of blood, poured out from red vessels; or a portion of serum or colourless fluid poured out chiefly by exhalants.

1103. Of these several causes of compression, the first is not to be considered here, because the removing it does not belong to our province; and the consideration of the second may be omitted, as in most instances it is neither to be discerned nor cured by any means yet known. The third and fourth causes of compression, as they are the most frequent, and are also most properly the subjects of our art, so they are those which deserve our particular attention: and we shall therefore

endeavour to trace them further back in the series of causes which may produce them.

1104. Both the states of over-distention and of effusion may be produced by whatever increases the afflux and impetus of the blood in the arteries of the head; such as violent exercise, a violent fit of anger, external heat applied, or any strong pressure upon the descending aorta.

1105. But both these states of over-distention and of effusion, may also, and seem to be more frequently produced by causes that operate by preventing the free return of the venous blood from the vessels of the head to the right ventricle of the heart.

1106. The venous vessels of the brain are of a conformation and distribution so peculiar, as to lead us to believe, that nature intended to retard the motion of the blood, and accumulate it in these vessels; and therefore, even very small additional resistances to the motion of the blood from these towards the right ventricle of the heart, may still more readily accumulate the blood in them. Such accumulation will most readily happen in advanced life, when the venous system in general is in a plethoric state, and when this plethora takes place especially in the venous vessels of the brain. It will, in like manner, be most apt to occur in persons whose heads are large with respect to the rest of the body; and in persons of a short neck, which is unsavourable to the return of the venous blood from the head. The accumulation of blood in the venous vessels of the brain, will also be most likely to occur in persons of a corpulent habit, either because these may be considered to be in a plethoric state, or because obesity, by occasioning a compression of the blood-vessels in other parts of the body, more readily fills those of the brain, which are entirely free from any such compression.

1107. These are the circumstances in the constitution of the body, which, producing a slower motion and return of the venous blood from the vessels of the head, favour an accumulation and distention in them; and we now proceed to mention the several occasional causes, which, in every person, may directly prevent the free return of the blood from the vessels of the head towards the heart. Such are,

1. Stooping down with the head, or other situations of the body, in which the head is long kept in a depending state, and in which the gravity of the blood increases the afflux of it by the arteries, and opposes the return of it by the veins.

2. A tight ligature about the neck, which compresses the veins more strongly than the arteries.

3. Any obstruction of a considerable number of the veins carrying the blood from the head, and more especially any considerable obstruction of the ascending vena cava.

4. Any considerable impediment of the free passage of the blood from the veins into the right ventricle of the heart; and it is commonly by this, and the immediately preceding circumstances, that polypous concretions in the cava, or right ventricle, are found to occasion apoplexy.

5. The return of blood from the veins of the head towards the heart, is especially interrupted by every circumstance that produces a more difficult transmission of the blood through the vessels of the lungs. It is well known, that, at the end of every expiration, some interruption is given to the free transmission of the blood through the lungs; and that this at the same time gives an interruption to the motion of the blood in the veins into the right ventricle of the heart. This clearly appears from that regurgitation of the blood in

the veins which occasions the alternate heaving and subsiding that is perceived in the brain of living animals when the cranium is removed, and which is observed to be synchronous with the alternate motions of respiration. From this we readily perceive, that whatever occasions a difficulty in the transmission of the blood through the lungs, must also interrupt the free return of the venous blood from the vessels of the head; and must therefore favour, and perhaps produce, an accumulation of blood, and an over-distention in these vessels.

It is further to be observed, that as a very full inspiration, continued for any length of time, occasions such an interruption of the free transmission of the blood through the lungs, as produces a suffusion of face, and a manifest turgescence of the blood-vessels of the head and neck; so every full and long continued inspiration may occasion an accumulation of blood in the vessels of the head, to a very considerable degree. Thus, as every strong exertion of the muscular force of the body requires, and is attended with, a very full and long continued inspiration, we thence learn why the violent exertions of muscular force have been so often the immediate or exciting causes of apoplexy.

It may also be remarked, that corpulency and obesity seem to operate very much, by occasioning a more difficult transmission of the blood through the vessels of the lungs. It appears, that in fat persons, from the compression of the blood-vessels in many parts of the body, the vessels of the lungs are thereby kept very full; so that upon the least increase of bodily motion, which sends the blood faster into the lungs, a more frequent and laborious respiration becomes in such persons immediately necessary. This shows, that, in such persons, the blood is not freely transmitted through the

lungs; a circumstance which, as in other instances, must give a constant resistance to the return of blood from the vessels of the head, and therefore favour or occasion an accumulation of blood in them.

Is the motion of the blood in the vessels of the head rendered slower by study, care, and anxiety?

1108. It is to be observed further, that these several causes (1104.—1107.) of a preternatural fulness in the blood-vessels of the brain, may produce apoplexy in different ways, according as the fulness takes place in the arteries or in the veins.

1109. Accordingly, *first*, the increased afflux of blood into the arteries of the brain, and an increased action in these, may either occasion a rupture of their extremities, and thereby an effusion of red blood producing compression; or the same afflux and increased action may occasion an increased exhalation from their extremities, of a serous fluid, which, if not as quickly re-absorbed, may soon accumulate in such quantity as to produce compression.

1110. *Secondly*, The plethoric state of the venous vessels of the brain, may operate in three different ways,

1. The fulness of the veins may give such resistance to the blood flowing into them from the arteries, as to determine the impetus of the blood to be so much greater upon the extremities of the arteries as to occasion a rupture of these, and consequently an effusion of red blood, or the *Hæmorrhagia cerebri*, which HOFFMAN considers as a frequent cause of apoplexy, and which we have before explained in 771.

2. Whilst the same resistance to the blood flowing from the arteries into the veins, increases the impetus of the blood to the former, this may, without occasioning rupture, increase the exhalation from their ex-

halant extremities, and produce an effusion of a serous fluid; in the same manner as such resistance in the veins produces hydroptic effusions in other parts of the body.

3. If we may suppose, as no lymphatics have been yet discovered in the brain, that the ordinary absorbents are not present there, and that the exhaled fluids are absorbed or taken up by the extremities of the veins; this will show still more clearly that a resistance to the motion of the blood in the veins of the brain, may readily produce an accumulation of serous fluid in its cavities, and consequently a compression producing apoplexy.*

1111. Besides these causes of apoplexy from afflux in the arteries, or resistance in the veins, an effusion of serum may happen from two other causes. The one is a relaxation of the exhalants, as in other cases of hydroptic diathesis prevailing in the body; and it is not unusual for a general dropsy to end in apoplexy. The second is an over proportion of watery parts in the mass of blood, which is therefore ready to run off by the exhalants, as in the case of an ischuria renalis; which, when it proves incurable, very commonly terminates in apoplexy.

1112. We have now mentioned the several causes of apoplexy depending upon compression; and from the whole it will appear, that the most frequent of all these causes is a plethoric state, or an accumulation and congestion of blood in the venous vessels of the head, ope-

* We cannot refrain from expressing our astonishment at our author's admitting the *possibility* that *veins* can, under any circumstances, perform the office of *absorbents*! Nor is it, indeed, less astonishing, that he should doubt the existence of absorbents in the brain. These vessels are as essential to the processes of nutrition and growth, as the arteries themselves. It can be proved, therefore, to the perfect satisfaction of every physiologist, that whatever part of the body grows and is nourished, possesses absorbents.

rating, according to its degree, in producing over-distension or effusion. The frequent operation of such a cause will especially appear from a consideration of the predisponent circumstances (1094.) and from the antecedent symptoms, (1095.)*

1113. From the view I have now given of the causes of apoplexy arising from compression, it will readily appear that there is a foundation for the common distinction of this disease into the two kinds of Sanguine and Serous. But this distinction cannot be very usefully applied in practice, as both kinds may often depend on the same cause, that is, a venous plethora, and therefore requiring very nearly the same method of cure. The only distinction that can be properly made of apoplexies from compression, is perhaps the distinction of serous apoplexy, into that depending on the plethora mentioned, (1112.) and that depending on hydropic diathesis, or an over proportion of water in the blood; (1111.) the former causes giving a proper idiopathic, the latter only a symptomatic disease.

1114. Beside the causes now mentioned, occasioning apoplexy by compression, I allege there are other causes producing the same disease, by directly destroy-

* Notwithstanding the extensive and formidable array of the causes of apoplexy, which our author has presented to us, in some of the foregoing articles, we venture to assert, that a *gouty affection*, which is only another term for a *gastric affection*, produces the disease more frequently than the whole of them combined. We have seen but very few cases of apoplexy, which we could not trace, in part, at least, to some kind of morbid impression on the stomach—a full meal, improper food, a debauch in drinking, or some cause of a similar description.

Most of the causes assigned by our author, being gross and mechanical in their nature, are such, we think, as but rarely occur.

We pretend to no knowledge of that particular affection which our author denominates “an immobility of the nervous power.” But no physician, we think, can be ignorant of the fact, that a strong impression on the stomach produces an immobility of the whole system. In proof of this, we could adduce, were it necessary, innumerable instances.

ing the mobility of the nervous power. Such causes seem to be the mephitic, arising from fermenting liquors, and from many other sources; the fumes arising from burning charcoal; the fumes of mercury, of lead, and of some other metallic substances; opium, alcohol, and many other narcotic poisons: to all which I would add the power of cold, of concussion, of electricity, and of certain passions of the mind.

1115. None of these poisons or noxious powers seem to kill by acting first upon the organs of respiration, or upon the sanguiferous system; and I believe their immediate and direct action to be upon the nervous power, destroying its mobility, because the same poisons show their power in destroying the irritability of muscles and of the nerves connected with them, when both these are entirely separated from the rest of the body.

1116. It appears to me probable, that the apoplectic state in some degree accompanying, and almost always succeeding, an epileptic paroxysm, does not depend upon compression, but upon a certain state of immobility of the nervous power, produced by certain circumstances in the nervous system itself, which sometimes seem to be communicated from one part of the body to another, and at length to the brain.

1117. The same observation may be made with respect to many instances of hysterical paroxysm; and the circumstances, both of epileptic and hysterical paroxysms, ending in coma, or a degree of apoplexy, lead me to think, that also the apoplexy proceeding from retrocedent or atonic gout is of the same kind, or that it depends upon an immobility of the nervous power, rather than upon compression.

1118. It may indeed happen, that as the apoplectic and gouty predispositions do often concur in the same person: so it may consequently happen, that the apo-

plexy coming upon gouty persons, may sometimes depend upon compression; and dissections may, accordingly, discover that the circumstances of such a cause had preceded. But, in many cases of the apoplexy following a retrocedent or atonic gout, no such antecedent or concomitant circumstances, as commonly occur in cases of compression, do distinctly or clearly appear; while others present themselves, which point out an affection of the nervous power alone.

1119. With respect, however, to the circumstances which may appear upon the dissection of persons dead of apoplexy, there may be some fallacy in judging, from those circumstances, of the cause of the disease. Whatever takes off or diminishes the mobility of the nervous power, may very much retard the motion of the blood in the vessels of the brain; and that perhaps to the degree of increasing exhalation, or even of occasioning rupture and effusion: so that, in such cases, the marks of compression may appear, upon dissection, though the disease had truly depended on causes destroying the mobility of the nervous power. This seems to be illustrated and confirmed from what occurs in many cases of epilepsy. In some of these, after a repetition of fits, recovered from in the usual manner, a fatuity is induced, which commonly depends upon a watery inundation of the brain: and in other cases of epilepsy, when fits have been often repeated without any permanent consequence, there happens at length a fatal paroxysm; and upon dissection it appears, that an effusion of blood had happened. This, I think, is to be considered as a cause of death, not as a cause of the disease: for, in such cases, I suppose that the disease had diminished the action of the vessels of the brain, and thereby given occasion to a stagnation, which produced the appearances mentioned. And I apprehend

the same reasoning will apply to the cases of retrocedent gout, which, by destroying the energy of the brain, may occasion such a stagnation as will produce rupture, effusion, and death; and in such a case, the appearances upon dissection might lead us to think that the apoplexy had depended entirely upon compression.

1120. The several causes mentioned in 1114, are often of such power as to occasion immediate death; and therefore have not commonly been taken notice of as affording instances of apoplexy; but, as the operation of the whole of these causes is similar and analogous, and as in most instances of the operation of these causes an apoplectic state is manifestly produced, there can be little doubt in considering most of the instances of their effects as cases of apoplexy, and therefore such as fall properly under our consideration here.

1121. This disease of apoplexy is sometimes entirely recovered from; but more frequently it ends in death, or in a hemiplegia. Even when an attack of the disease is recovered from, we generally find it disposed to return; and the repeated attacks of it almost always, sooner or later, bring on the events we have mentioned.

1122. The several events of this disease, in health, death, or another disease, may be expected and foreseen from a consideration of the predisponent circumstances (1094.) of the antecedent symptoms, (1095.) of the exciting causes, (1097.) of the violence and degree of the symptoms when the disease has come on, (1093.) of the duration of the disease; and the effects of the remedies employed.

1123. From the great danger attending this disease when it has come on, (1121.) it will readily appear, that our care should be chiefly directed to the prevention of it. This, I think, may be often done by avoiding the remote and exciting causes; and how this may be ac-

complished, will be obvious from the enumeration of those causes given above, (1097.) But it will also appear from what is said above, that the prevention of this disease will especially depend upon obviating the predisponent cause; which, in most cases, seems to be a plethoric state of the blood-vessels of the brain. This, I think, may be obviated by different means; and, in the first place, by a proper management of exercise and diet.*

1124. The exercise ought to be such as may support the perspiration, without heating the body or hurrying respiration; and, therefore, commonly by some mode of gestation. In persons not liable to frequent fits of giddiness, and who are accustomed to riding on horseback, this exercise is, of all others, the best. Walking, and some other modes of bodily exercise, may be employed with the restrictions just now mentioned; but in old men, and in men of corpulent habits, bodily exercise ought always to be very moderate.

1125. In persons who pretty early in life show the predisposition to apoplexy, it is probable that a low diet, with a good deal of exercise, might entirely prevent the disease; but, in persons who are advanced in life before they think of taking precautions, and are at the same time of a corpulent habit, which generally supposes their having been accustomed to full living, it might not be safe to put them upon a low diet; and it may be enough that their diet may be rendered more moderate than usual; especially with respect to animal food; and that, at supper, such food should be abstained from altogether.†

* Let those who are predisposed to apoplexy, and are anxious to escape an attack, avoid intemperance of every description, and avail themselves of the enjoyment of free air and moderate exercise.

† Our author is perfectly correct in forbidding the use of suppers of animal food. To persons of apoplectic habits, they are peculiarly dangerous, and should be, therefore, avoided with firmness and resolution.

In drinking, all heating liquors are to be abstained from, as much as former habits will allow, and the smallest approach to intoxication is to be carefully shunned. For ordinary draught, small beer is to be preferred to plain water, as the latter is more ready to occasion costiveness, which in apoplectic habits is to be carefully avoided. The large use of tobacco in any shape may be hurtful; and, except in cases where it has been accustomed to occasion a copious excretion from the head, the interruption of which might not be safe, the use of tobacco should be avoided; and even in the circumstance mentioned, where it may be in some measure necessary, the use of it should at least be rendered as moderate as possible.

1126. Evacuations by stool may certainly contribute to relieve the plethoric state of the vessels of the head; and, upon an appearance of any unusual turgescence in these, purging will be very properly employed: but, when no such turgescence appears, the frequent repetition of large purging might weaken the body too much; and, for preventing apoplexy, it may for the most part be enough to keep the belly regular, and rather open, by gentle laxatives. In the summer season, it may be useful to drink, every morning, of a gentle laxative mineral water, but never in large quantity.*

1127. In the case of a plethoric state of the system, it might be supposed that blood-letting would be the most effectual means of diminishing the plethora, and of preventing its consequences; and, when an attack of apoplexy is immediately threatened blood-letting is certainly the remedy to be depended upon: and blood should be taken largely, if it can be done, from the jugular vein, or temporal artery. But when no threaten-

* The keeping of the bowels *regularly free*, is highly important to apoplectic patients, and cannot be neglected without jeopardy, even for a day.

ing turgescence appears, the obviating plethora is not judiciously attempted by blood-letting, as we have endeavoured to demonstrate above, (786.) In doubtful circumstances, leeches applied to the temples, or scarifications of the hind-head, may be more safe than general bleedings.*

1128. When there are manifest symptoms of a plethoric state in the vessels of the head, a seton, or peau-issue, near the head, may be very useful in obviating any turgescence of the blood.

1129. These are the means to be employed for preventing the apoplexy which might arise from a plethoric state of the vessels of the brain; and if, at the same time, great care is taken to avoid the exciting causes (1097.) these means will be generally successful.

In the cases proceeding from other causes (1114.) as their application is so immediately succeeded by the disease, they hardly allow any opportunity for prevention.

1130. For the CURE of apoplexies from internal causes, and which I suppose to be chiefly those from compression, the usual violence and fatality of it require that the proper remedies be immediately and largely employed.

The patient is to be kept as much as possible in somewhat of an erect posture, and in cool air; and therefore neither in a warm chamber, nor covered with bed-clothes, nor surrounded with a crowd of people.†

* When an attack of apoplexy is seriously threatened, we know of nothing that can be safely relied on as a substitute for venesection. That remedy offers by far the best security from immediate danger, until other means can be brought into operation to break the strength of predisposition for the time.

† If muscular debility be very great, the keeping of the patient in an erect posture will prove injurious, by inducing fatigue and further exhaustion. In such a case, therefore, the body of the diseased should be suf-

1131. In all cases of a full habit, and where the disease has been preceded by marks of a plethoric state, blood-letting is to be immediately employed, and very largely. In my opinion, it will be most effectual when the blood is taken from the jugular vein; but, if that cannot be properly done, it may be taken from the arm. The opening of the temporal artery, when a large branch can be opened, so as suddenly to pour out a considerable quantity of blood, may also be an effectual remedy; but in execution, it is more uncertain, and may be inconvenient. It may be in some measure supplied, by cupping and scarifying on the temples or hind-head. This, indeed, should seldom be omitted; and these scarifications are always preferable to the application of leeches.

With respect to every mode of blood-letting, this is

ferred to recline, while his head is kept as erect as convenient, by pillows or otherwise. Care ought to be taken, however, that the head be not bent too much forward, as, by such a posture, the free return of blood from the vessels of the brain will be somewhat impeded. As a general rule, the drawing of blood from the arm or the jugular vein, is preferable to the opening of the temporal artery.

When the apoplectic stroke has expended its force chiefly on one side, it usually appears on dissection, that the congestion of the brain, when any exists, is on the opposite side. Hence the propriety of our author's direction in relation more particularly to topical blood-letting. The side on which the operation of general blood-letting is performed, is of less moment. Nor ought we, even in topical blood-letting, to confine our operation exclusively to one side. If the system be plethoric, and the case severe, cups may be applied to all parts of the head—not only on the sides; but on the back and front.

To our author's directions for the treatment of apoplexy, which are judicious, full, and forcible, we have but little to add. If complied with promptly, and pursued to the proper extent, they are, perhaps, calculated to do all that is practicable in the disease.

When the patient is capable of swallowing, we have found Glauber's salts alone, or a solution of them in an infusion of senna, to be a very valuable remedy. Besides operating speedily, and removing from the bowels their faecal contents, these purgative preparations evacuate a larger portion of liquid matter, than, perhaps, any others. Hence their effect in unloading the blood-vessels.

to be observed, that when in any case of apoplexy, it can be perceived that one side of the body is more affected with the loss of motion than the other, the blood-letting, if possible, should be made on the side opposite to that most affected.

1132. Another remedy to be employed is purging, to be immediately attempted by acrid glysters; and, at the same time, if any power of swallowing remain, by drastic purgatives given by the mouth. These, however, lest they may excite vomiting, should be given in divided portions at proper intervals.

1133. Vomiting has been commended by some practitioners and writers: but, apprehending that this might impel the blood with too much violence into the vessels of the head, I have never employed it.*

* In like manner with our author, and, for the same reason, we have never employed emetics as a remedy in apoplexy. Yet, from a spontaneous vomiting, we have oftentimes witnessed the happiest effects. Hence, venesection in apoplexy does most good, when it procures an evacuation of the contents of the stomach. Still, however, if employed at all, emetics should be exhibited with the utmost caution. Purging is certainly the safer remedy; and, unless under very peculiar circumstances, should be always preferred.

If apoplexy appear to have been induced by a suppression of hæmorrhoids or epistaxis, the application of leeches to the nostrils or hæmorrhoidal vessels should not be neglected.

Sternutatories, although strongly recommended by some, we consider as a remedy of no efficacy.

Since the publication of the first edition of this work, we have, in several cases of apoplexy, employed emetics with the most salutary effects. But to prevent mischief, we have always antecedently had recourse to venesection. By thus unloading the blood-vessels, emetics are rendered perfectly safe.

When apoplexy occurs soon after a *plentiful meal*, as it usually does, to evacuate the stomach becomes indispensable. The malign impression of food and drink on that organ excites the disease. To aid in the cure, the removal of this impression is essential. But, by a judicious administration of emetics, such removal is most speedily effected.

When the object is simply to evacuate the stomach, ipecacuanha is to be preferred to every other emetic. Its impression on the stomach being comparatively transient, it strains the system less, than other articles of the same class, and, therefore, less endangers the safety of the brain.

1134. Another remedy to be immediately employed is blistering; and I judge that this is more effectual when applied to the head, or near to it, than when it is applied to the lower extremities. This remedy I do not consider as a stimulant, or capable of making any considerable revulsion; but, applied to the head, I suppose is useful in taking off the hæmorrhagic disposition so often prevailing there.

1135. It has been usual with practitioners, together with the remedies already mentioned, to employ stimulants of various kinds; but I am disposed to think them generally hurtful; and they must be so, wherever the fulness of the vessels, and the impetus of the blood in these, is to be diminished. Upon this principle it is therefore agreed, that stimulants are absolutely improper in what is supposed to be a sanguine apoplexy; but they are commonly supposed to be proper in the serous. If, however, we be right in alleging that this also commonly depends upon a plethoric state of the blood-vessels of the brain, stimulants must be equally improper in the one case as in the other.

1136. It may be urged from the almost universal employment of stimulants, and sometimes with seeming advantage, that they may not be so hurtful as my notions of the causes of apoplexy lead me to suppose. But this argument is, in several respects, fallacious; and particularly in this, that in a disease which, under every management, often proceeds so quickly to a fatal termination, the effects of remedies are not to be easily ascertained.

1137. I have now mentioned the several remedies which I think adapted to the cure of apoplexy arising from compression, and should next proceed to treat of the cure of apoplexy arising from those causes that directly destroy the mobility of the nervous power. But

many of those causes are often so powerful, and thereby so suddenly fatal in their effects, as hardly to allow of time for the use of remedies; and such cases, therefore, have been so seldom the subjects of practice, that the proper remedies are not so well ascertained as to enable me to say much of them here.*

1138. When, however, the application of the causes, (1114.) is not so powerful as immediately to kill, and induces only an apoplectic state, some efforts are to be made to obviate the consequences, and to recover the patient; and even in some cases where the causes referred to from the ceasing of the pulse and of respiration, and from a coldness coming upon the body, have induced an appearance of death; yet, if these appearances have not continued long, there may be means of recovering the person to life and health. I cannot, indeed, treat this subject completely; but for the cure of apoplexy from several of the causes mentioned (1114.) shall offer the following general directions.

1. When a poison capable of producing apoplexy has been recently taken into the stomach, if a vomiting spontaneously arises, it is to be encouraged; or, if it does not spontaneously come on, a vomiting is to be immediately excited by art, in order that the poison may be thrown out as quickly as possible. If, however, the poison has been taken into the stomach long

* The affections treated of in this and the following article, are not to be considered as cases of apoplexy, but of suspended animation. Some of the remedies proposed for them by our author are sufficiently judicious. From the stimulating effects of the external use of cold water in them, much benefit has been oftentimes derived. We feel persuaded, however, that, for the purposes of revival, in cases of suspended animation, remedies judiciously and perseveringly directed to the alimentary canal, will be ultimately found to be most efficacious. But this is not the proper place for the consideration of this subject.

Those who wish to inquire further on the subject of apoplexy, are referred to the writings of Ballonius—Willis—Bellini—Lancisi—Hoffman—Baglivi—Morgagni—and De Haen.

before its effects have appeared, we judge that, upon their appearance, the exciting of vomiting will be useless, and may perhaps be hurtful.

2. When the poison taken into the stomach, or otherwise applied to the body, has already induced an apoplectic state, as those causes do commonly at the same time occasion a stagnation or slower motion of the blood in the vessels of the brain and of the lungs, so it will generally be proper to relieve this congestion by taking some blood from the jugular vein, or from the veins of the arm.

3. Upon the same supposition of a congestion in the brain or lungs, it will generally be proper to relieve it by means of acrid glysters producing some evacuation from the intestines

4. When these evacuations by blood-letting and purging have been made, the various stimulants which have been commonly proposed in other cases of apoplexy, may be employed here with more probability and safety. One of the most effectual means of rousing apoplectics of this kind, seems to be throwing cold water on several parts of the body, or washing the body all over with it.

5. Although the poison producing apoplexy happens to be so powerful as very soon to occasion the appearances of death above-mentioned; yet if this state has not continued long, the patient may often be recoverable; and the recovery is to be attempted by the same means that are directed to be employed for the recovery of drowned persons, and which are now commonly known.

CHAPTER II.

OF PALSY.*

1139. **PALSY** is a disease consisting in a loss of the power of voluntary motion, but affecting certain parts

* Palsy and apoplexy appear to be the same disease, differing only in degree. Palsy is partial apoplexy; and apoplexy, universal palsy. The same proximate cause, therefore, must be regarded as giving rise to both; except that in one case it is more, in the other less extended and powerful.

Apoplexy is more of an acute disease than palsy; and from this circumstance arises the principal difference in their treatment.

Palsy, however, has also an acute stage, during which it requires to be treated precisely like apoplexy. Bleeding, topical and general, purging, and blistering, constitute now the principal remedies. The active, warm, and terebinthinate purges are those from which most advantage is derived.

After the termination of its acute or febrile character, the practitioner must place his chief reliance on regimen, exercise, and external stimulants.

The diet ought to be nutritious, but not stimulating; and great caution should be observed in the use of distilled and fermented liquors. In the direction of these matters, former and long established habits should be allowed to have some influence; but, in the case of a paralytic patient, nothing can justify high living. That which has been instrumental in the production of a disease, can never be expected to contribute to its removal.

If the patient possess sufficient strength, the exercise of walking or riding on horseback or in a carriage, ought to be practised with constancy, but in moderation. Such exercise, in particular, as the diseased portion of the body is capable of taking, ought, on no account, to be omitted.

The external stimulants, from the employment of which much benefit has been derived, are numerous and diversified. Blisters and sinapisms, with the warm and cold bath, applied immediately to the part affected, are among the most powerful.

To these must be added warm clothing, consisting of flannel or fleecy hosiery worn next the skin, daily and long continued frictions with flannel or the flesh brush, and the application of various dry and liquid articles of a stimulating character.

Of these we may mention, as amongst the most active and promising, tincture of cantharides, prepared with distilled spirits, or spirits of turpentine; the saponaceous, camphorated, and volatile liniments; spirits of turpentine alone. spirits of camphor alone, or a mixture of the two, forming what has been denominated essence of mustard; essential oil of cloves, of juniper, of sassafras, of thyme, and other fragrant and stimulating substances;

of the body only, and by this it is distinguished from apoplexy, (1093.) One of the most frequent forms of palsy is when it affects the whole of the muscles on one side of the body; and then the disease is named a *Hemiplegia*.

black pepper alone, powdered mustard alone, black pepper in brandy, mustard in vinegar, and sundry other irritating articles.

Electricity and galvanism are remedies from which much benefit is occasionally derived in the treatment of paralysis. But to render them efficient, their application must be frequent and long continued. The reason of their often failing even to afford relief, is the injudicious manner in which they are employed. The effect of each shock or single application of them is exceedingly evanescent. To be productive of good, therefore, the repetition of these shocks should be in some measure proportioned to the brevity of their time of action.

Unless the part affected be kept under the influence of these subtle agents from three to six hours each day; and this course be pursued for several months, the trial cannot be considered as a fair one. For it ought never to be forgotten, that the remedy should be always as chronic as the disease.

The vapour bath, both dry and moist, has been found very useful in the treatment of palsy. So has bathing in salt water, more especially in the water of the ocean.

Urtication, or stinging with nettles, has been recommended not a little in this disease. Travelling and change of climate, especially the exchange of a colder for a warmer climate, have proved useful.

Various internal remedies have been used with advantage. When not forbidden by the existence of fever: the most active of these are, Peruvian bark, combined with certain aromatic substances, chalybeates, mustard seed, garlic, flowers of zinc, and some of the most stimulating of the essential oils —such as, oil of cloves, of mint, of rosemary, of thyme, of sassafras, and of juniper; to which may be added, the spirits of turpentine.

What has been said of electricity and galvanism is equally applicable to all other remedies in relation to the treatment of palsy. To prove efficacious, their exhibition must be long continued.

When other means had failed, a gentle ptyalism, kept up for a considerable time; or suffered to decline, and again renewed through several repetitions, has effected a cure.—On the whole, we think we have seen most good effected in chronic palsy, by flannel and friction, moderate exercise, and a well regulated diet.

In cases of palsy, where blisters are employed, they will be, perhaps, most advantageously applied to the back of the neck. This is a point of practice which ought not be neglected. It is of much more importance than has been usually supposed.

For further information on this disease, see Willis—Morgagni—Monro Dis. Arm.—Home—De Haen—Wardrobe—and Chandler.

1140. The loss of the power of voluntary motion may be owing either to a morbid affection of the muscles or organs of motion, by which they are rendered unfit for motion; or to an interruption of the influx of the nervous power into them, which is always necessary to the motions of those that are under the power of the will. The disease, from the first of these causes, as consisting in an organic and local affection, we refer entirely to the class of local diseases. I am here to consider that disease only which depends upon the interrupted influx of the nervous power; and it is to this disease alone I would give the appellation of *Palsy*. A disease depending on an interrupted influx of the nervous power, may indeed often appear as merely a local affection; but as it depends upon an affection of the most general powers of the system, it cannot be properly separated from the systematic affections.

1141. In palsy, the loss of motion is often accompanied with the loss of sense; but as this is not constantly the case, and as therefore the loss of sense is not an essential symptom of palsy, I have not taken it into my definition (1139.), and I shall not think it necessary to take any further notice of it in this treatise; because, in so far as it is in any case a part of the paralytic affection, it must depend upon the same causes, and will be cured also by the very same remedies, as the loss of motion.

1142. The palsy then or loss of motion, which is to be treated of here, may be distinguished as of two kinds; one of them depending upon an affection of the origin of the nerves in the brain, and the other depending upon an affection of the nerves in some part of their course between the brain and the organs of motion. Of the latter, as appearing in a very partial affection, I am not to speak particularly here; I shall

only treat of the more general paralytic affections, and especially of the hemiplegia (1139.). At the same time I expect, that what I shall say upon this subject will readily apply to both the pathology and practice in the cases of affections more limited.

1143. The hemiplegia (1139.) usually begins with, or follows, a paroxysm of apoplexy; and when the hemiplegia, after subsisting for some time, becomes fatal, it is commonly by passing again into the state of apoplexy. The relation therefore or affinity between the two diseases, is sufficiently evident; and is further strongly confirmed by this, that the hemiplegia comes upon persons of the same constitution (1094.) and is preceded by the same symptoms (1097.) that have been taken notice of with respect to apoplexy.

1144. When a fit of apoplexy has gone off, and there remains a state of palsy appearing as a partial affection only, it might perhaps be supposed that the origin of the nerves is in a great measure relieved; but in so far as commonly there still remain the symptoms of the loss of memory, and of some degree of fatuity, these, I think, show that the organ of intellect, or the common origin of the nerves, is still considerably affected.

1145. Thus, the hemiplegia, from its evident connexion with and near relation to apoplexy, may be properly considered as depending upon like causes; and consequently either upon a compression preventing the flow of the nervous power from the brain into the organs of motion, or upon the application of narcotic or other powers (1114.) rendering the nervous power unfit to flow in the usual and proper manner.

1146. We begin with considering the cases depending upon compression.

The compression occasioning hemiplegia may be of the same kind, and of all the different kinds that pro-

duce apoplexy; and therefore either from tumour, over-distention, or effusion. The existence of tumour giving compression, may often be better discerned in the case of palsy than in that of apoplexy, as its effects often appear at first in a very partial affection.

1147. The other modes of compression, that is, of over-distention and effusion, may, and commonly do, take place, in hemiplegia: and when they do, their operation here differs from that producing apoplexy, by its effects being partial, and on one side of the body only.

It may seem difficult to conceive that an over-distention can take place in the vessels on one side of the brain only: but it may be understood: and in the case of a palsy which is both partial and transitory, it is perhaps the only condition of the vessels of the brain that can be supposed. In a hemiplegia, indeed, which subsists for any length of time, there is probably always an effusion, either sanguine or serous: but it is likely that even the latter must be supported by a remaining congestion in the blood-vessels.

1148. That a sanguine effusion can happen without becoming very soon general, and thereby occasioning apoplexy and death, may also seem doubtful: but dissections prove that in fact it does happen, occasioning palsy only; though it is true, that this more commonly depends upon an effusion of serous fluid, and of this only.

1149. Can a palsy, occasioned by a compression, remain, though the compression be removed?

1150. From what has been said, (1143.) it will be obvious, that the hemiplegia may be prevented by all the several means proposed (1124. *et. seq.*) for the prevention of apoplexy.

1151. Upon the same grounds, the CURE of palsy must be very much the same with that of apoplexy

(1129. *et seq.*), and when palsy has begun as an apoplexy, it is presumed, that, before it is to be considered as palsy, all those several remedies have been employed. Indeed, even when it happens that on the first attack of the disease the apoplectic state is not very complete, and that the very first appearance of the disease is as a hemiplegia, the affinity between the two diseases (1143.) is such as to lead to the same remedies in both cases. This is certainly proper in all those cases in which we can with much probability impute the disease to compression; and it is indeed seldom that a hemiplegia from internal causes comes on but with a considerable affection of the internal, and even of the external senses, together with other marks of a compression of the origin of the nerves.

1152. Not only, however, where the disease can be imputed to compression, but even where it can be imputed to the application of narcotic powers, if the disease come on with the appearances mentioned at the end of the last paragraph, it is to be treated in the same manner as an apoplexy by 1130—1138.

1153. The cure of hemiplegia, therefore, on its first attack, is the same, or nearly the same, with that of apoplexy: and it seems requisite that it should be different only, 1. When the disease has subsisted for some time; 2. When the apoplectic symptoms, or those marking a considerable compression of the origin of the nerves, are removed; and particularly, 3. When there are no evident marks of compression, and it is at the same time known that narcotic powers have been applied.

1154. In all these cases, the question arises, Whether stimulants may be employed, or how far the cure may be entirely trusted to such remedies? Upon this question, with respect to apoplexy, I have offered my opinion in 1135. And, with respect to hemiplegia, I

am of opinion, that stimulants are almost always equally dangerous as in the cases of complete apoplexy; and particularly, 1. In all the cases of hemiplegia succeeding to a paroxysm of complete apoplexy; 2. In all the cases coming upon persons of the temperament mentioned in 1094, and after the same antecedents as those of apoplexy (1115.), and 3. In all the cases coming on with symptoms of apoplexy from compression.

1155. It is, therefore, in the cases 1153 only, that stimulants are properly admissible: and even in the two first of these cases, in which a plethoric state of the blood-vessels of the brain may have brought on the disease; in which a disposition to that state may still continue; and in which even some degree of congestion may still remain, the use of stimulants must be an ambiguous remedy; so that perhaps it is in the third of these cases only that stimulants are clearly indicated and admissible.

1156. These doubts with respect to the use of stimulants, may perhaps be overlooked or disregarded by those who allege that stimulants have been employed with advantage even in those cases (1154.), in which I have said they ought to be avoided.

1157. To compromise this contrariety of opinion, I must observe, that even the cases of hemiplegia depending upon compression, although the origin of the nerves be so much compressed as to prevent so full a flow of the nervous power as is necessary to muscular motion, yet it appears from the power of sense still remaining, that the nerves are, to a certain degree, still pervious; and therefore it is possible that stimulants applied, may excite the energy of the brain so much, as in some measure to force open the compressed nerves, and to show some return of motion in paralytic muscles. Nay, further, it may be allowed, that if these

stimulants be such as act more upon the nervous than upon the sanguiferous system they may possibly be employed without any very hurtful consequence.

1158. But still it will be obvious, that although certain stimulants act chiefly upon the nervous system, yet they also act always in some measure upon the sanguiferous; so that, when they happen to have the latter effect in any considerable degree, they may certainly do much harm; and in a disease which they do not entirely cure, the mischief arising from them may not be discerned.

1159. Whilst the employment of stimulants is so often an ambiguous practice, we may perhaps go some length towards ascertaining the matter, by considering the nature of the several stimulants which may be employed, and some of the circumstances of their administration. With this view, therefore, I shall now mention the several stimulants that have been commonly employed, and offer some remarks upon their nature and use.

1160. They are in the first place to be distinguished as external or internal. Of the first kind, we again distinguish them as they are applied to particular parts of the body only, or as they are more generally applied to the whole system. Of the first kind are,

1. The concentrated acids of vitriol or nitre; involved however, in oily or unctuous substances, which may obviate their corrosive, without destroying their stimulant power.

2. The volatile alkaline spirits, especially in their caustic state; but involved also in oils, for the purpose just now mentioned.

3. The same volatile spirits are frequently employed by being held to the nose, when they prove a powerful stimulus to the nervous system; but it is at the same

time probable, that they may also prove a strong stimulant to the blood-vessels of the brain.

4. A brine or strong solution of sea-salt.
5. The essential oils of aromatic plants, or of their parts.
6. The essential oils of turpentine, or of other such resinous substances.
7. The distilled oils of amber, or of other bituminous fossils.
8. The rectified empyreumatic oils of animal or vegetable substances.
9. Various vegetable acrids, particularly mustard.
10. The acrid matter found in several insects, particularly cantharides.

Some of these stimulants may be either applied in substance; or may be dissolved in ardent spirits, by which their stimulant power may be increased, or more conveniently applied.

1161. The greater part of the substances now enumerated show their stimulant power by inflaming the skin of the part to which they are applied; and when their application is so long continued as to produce this effect, it interrupts the continuance of their use; and the inflammation of the part does not seem to do so much good as the frequent repetition of a more moderate stimulus.

* 1162. Analogous to these stimulants is the stinging of nettles, which has been frequently commended.

Among the external stimulants, the mechanical one of friction with the naked hand, the flesh-brush, or flannel, is justly to be reckoned. Can the impregnation of the flannels to be employed, with the fumes of burning mastic, olibanum, &c. be of any service?

1163. With respect to the whole of these external stimulants, it is to be observed, that they affect the part

to which they are applied much more than they do the whole system, and they are therefore indeed safer in ambiguous cases; but for the same reason, they are of less efficacy in curing a general affection.

1164. The external applications which may be applied to affect the whole system, are the powers of heat and cold, and of electricity.

Heat, as one of the most powerful stimulants of the animal economy, has been often employed in palsies, especially by warm bathing. But as, both by stimulating the solids and rarefying the fluids, this proves a strong stimulus to the sanguiferous system, it is often an ambiguous remedy; and has frequently been manifestly hurtful in palsies depending upon a congestion of blood in the vessels of the brain. The most certain, and therefore the most proper use of warm bathing in palsies, seems to be in those that have been occasioned by the application of narcotic powers. Are the natural baths more useful by the matters with which they may be naturally impregnated?

1165. Cold applied to the body for any length of time, is always hurtful to the paralytic persons; but if it be not very intense, nor the application long continued, and if at the same time the body be capable of a brisk reaction, such an application of cold is a powerful stimulant of the whole system, and has often been useful in curing palsy. But, if the power of reaction in the body be weak, any application of cold may prove very hurtful.

1166. Electricity, in a certain manner applied, is certainly one of the most powerful stimulants that can be employed to act upon the nervous system of animals; and therefore much has been expected from it in the cure of palsy. But, as it stimulates the sanguiferous as well as the nervous system, it has been often hurtful in

palsies depending upon a compression of the brain; and especially when it has been so applied as to act upon the vessels of the head. It is safer when its operation is confined to particular parts somewhat remote from the head; and, further, as the operation of electricity, when very strong, can destroy the mobility of the nervous power, I am of opinion, that it is always to be employed with caution, and that it is only safe when applied with moderate force, and when confined to certain parts of the body remote from the head. It is also my opinion, that its good effects are to be expected from its repetition rather than from its force, and that it is particularly suited to the cure of those palsies which have been produced by the application of narcotic powers.

1167. Amongst the remedies of palsy, the use of exercise is not to be omitted. In a hemiplegia, bodily exercise cannot be employed; and in a more limited affection, if depending upon a compression of some part of the brain, it would be an ambiguous remedy: but, in all cases where the exercises of gestation can be employed, they are proper; as, even in cases of compression, the stimulus of such exercise is moderate, and therefore safe; and, as it always determines to the surface of the body, it is a remedy in all cases of internal congestion.

1168. The internal stimulants employed in palsy are various, but chiefly the following.

1. The volatile alkaline salts, or spirits, as they are called, are very powerful and diffusive stimulants, operating especially on the nervous system; and even although they operate on the sanguiferous, yet, if given in frequently repeated small rather than in large doses, their operation being transitory, is tolerably safe.

2. The vegetables of the class named *Tetradynamia*,

are many of them powerful diffusive stimulants; and at the same time, as quickly passing out of the body, and therefore a transitory operation, they are often employed with safety. As they commonly prove diuretic, they may in this way also be of service in some cases of serious palsy.

3. The various aromatics, whether employed in substance, in tincture, or in their essential oils, are often powerful stimulants; but being more adhesive and inflammatory than those last mentioned, they are, therefore, in all ambiguous cases, less safe.

4. Some other acrid vegetables have been employed; but we are not well acquainted with their peculiar virtues, or proper use.

5. Some resinous substances, as guaiacum, and the terebinthinate substances, or their essential oils, have been, with some probability, employed; but they are apt to become inflammatory. Decoctions of guaiacum, and some other sudorifics, have been directed to excite sweating by the application of the fumes of burning spirit of wine in the laconicum, and have in that way been found useful.

6. Many of the fetid antispasmodic medicines have been frequently employed in palsy; but I do not perceive in what manner they are adapted to the cure of this disease, and I have not observed their good effects in any case of it.

7. Bitters and the Peruvian bark, have also been employed, but with no propriety or advantage that I can perceive.

1169. With respect to the whole of these internal stimulants, it is to be observed, that they seldom prove very powerful; and wherever there is any doubt concerning the nature or state of the disease, they may readily do harm, and are often therefore of ambiguous use.

BOOK II.

OF ADYNA MIÆ ; OR DISEASES CONSISTING IN A
WEAKNESS OR LOSS OF MOTION IN EITHER THE
VITAL OR NATURAL FUNCTIONS.

CHAPTER I.*

OF SYNCOPÉ, OR FAINTING.

1170. THIS is a disease in which the action of the heart and respiration become considerably weaker than

* The few cases of the disease, treated of in this chapter, which we have had an opportunity of witnessing, appeared evidently to originate in some *gastric* or *uterine* affection—but most frequently in the former. Hence the nausea or sickness which almost always precedes the paroxysm.

Any exceptions to this rule that may present themselves, consist most probably in such cases of syncope, as arise from an aneurism, polypi, ossifications, or other organic affections of the heart and large blood-vessels.

We have never seen an instance of the complaint which we could consider as the product of a cause *seated originally in the brain*. The affection of the brain we believe to be *secondary*. The disease attacks that organ, in common with others, in its march from the stomach throughout the system. The heart, arteries, and muscles of voluntary motion, it assails in the same way through the medium of sympathy.

Our author's attempt to disclose the nature, or as he denominates it, the proximate cause of this disease, is not only unsatisfactory ; it is to us unintelligible. Nor is it very probable that we ourselves would be more successful should we make an essay on the subject. It is not our intention, therefore, to engage in the undertaking. When further light shall have been thrown on the different kinds of impression of which the stomach is susceptible, and when the laws of sympathy shall have been more completely unfolded, then may the nature of syncope be better understood.

In the meantime, its cure, as far as we are acquainted with it, consists principally in the judicious and long continued employment of tonics.

That the stomach may be the better prepared for the action of these remedies, it is proper, in most cases, that they be preceded by an emetic.

The tonics best suited to the nature of this disease are, bark, bitters, chalybeates combined with aromatics, elixir of vitriol, and wine, used in moderation.

usual, or in which for a certain time these functions cease altogether.

1171. Physicians having observed that this affection occurs in different degrees, have endeavoured to distinguish these by different appellations: but as it is not possible to ascertain these different degrees with any precision, so there can be no strict propriety in employing those different names; and I shall here comprehend the whole of the affections of this kind under the title of *Syncope*.

1172. This disease sometimes comes on suddenly to a considerable degree, but sometimes also it comes on gradually; and, in the latter case, it usually comes on with a sense of languor, and of anxiety about the heart, accompanied at the same time, or immediately after, with some giddiness, dimness of sight, and sounding in the ears. Together with these symptoms, the pulse

The cold bath, moderate exercise in the open air, travelling and change of climate are also useful. So are a sea voyage and the constant use of the flesh-brush.

A generous diet is adviseable; but it should never consist of a great variety of articles. In a particular manner, nothing should be eaten that is not known to be very easily digested. If any thing be known to be offensive to the stomach, that ought to be studiously avoided.

A perpetual blister on the region of the stomach has been found, if not entirely to remove, at least greatly to weaken a liability to syncope.

So has a gentle ptyalism; and more especially, still, the use of arsenic, until an itching and eruption have been produced on the skin.

Fainting fits have been for a long time suspended by an attack of podagra. This shows the disease to be, at least in such cases, of a gouty character.

Some females experience fainting fits only during their pregnancy; while others, subject to them at other times, are then free from them. In such cases, syncope is certainly connected with the uterus; but the first link of the chain of diseased action may be fixed in the stomach.

If syncope make its attack at stated periods, it may, like other periodical complaints, be prevented by the exhibition of opium or laudanum, a few hours before the time of its occurrence.

For further information respecting this disease, see the writings of Vesalius—Ballonius—Forestus—Schenkius—Boretus—Ramazzini—Lancisi—Senac du cœur—Morgagni—De Haen, rat. med.—Hare de Syncope—Stoll rat. med. and Chevalier on *Asphyxia Idiopathica*.

and respiration become weak; and often so weak, that the pulse is scarcely to be felt, or the respiration to be perceived; and sometimes these motions, for a certain time, cease altogether. While these symptoms take place, the face and whole surface of the body become pale, and more or less cold according to the degree and duration of the paroxysm. Very commonly at the beginning of this, and during its continuance, a cold sweat appears, and perhaps continues, on the forehead, as well as on some other parts of the body. During the paroxysm, the animal functions, both of sense and motion, are always in some degree impaired, and very often entirely suspended. A paroxysm of syncope is often, after some time, spontaneously recovered from; and this recovery is generally attended with a sense of much anxiety about the heart.

Fits of syncope are frequently attended with, or end in, vomiting; and sometimes with convulsions, or an epileptic fit.

1173. These are the phenomena in this disease; and from every view of the greatest part of them, there cannot be a doubt that the proximate cause of this disease is a very weak or total ceasing of the action of the heart. But it will be a very difficult matter to explain in what manner the several remote causes operate in producing the proximate cause. This, however, I shall attempt, though with that diffidence which becomes me in attempting a subject that has not hitherto been treated with much success.

1174. The remote causes of syncope may, in the first place, be referred to two general heads. The one is, of those causes existing and acting in the brain, or in parts of the body remote from the heart, but acting upon it by the intervention of the brain. The other general head of the remote causes of syncope, is of

those existing in the heart itself, or in parts very immediately connected with it, and thereby acting more directly upon it in producing this disease.

1175. In entering upon the consideration of the first set of those causes (1174.) I must assume a proposition which I suppose to be fully established in physiology. It is this: That, though the muscular fibres of the heart be endowed with a certain degree of inherent power, they are still, for such action as is necessary to the motion of the blood, very constantly dependent upon a nervous power sent into them from the brain. At least this is evident, that there are certain powers acting primarily, and perhaps only in the brain, which influence and variously modify the action of the heart. I suppose therefore, a force very constantly during life exerted in the brain, with respect to the moving fibres of the heart, as well as of every part of the body; which force I shall call the energy of the brain; and which I suppose may be, on different occasions, stronger or weaker with respect to the heart.

1176. Admitting these propositions, it will be obvious, that if I can explain in what manner the first set of remote causes (1174.) diminish the energy of the brain, I shall at the same time explain in what manner these causes occasion a syncope.

1177. To do this, I observe that one of the most evident of the remote causes of syncope is a hæmorrhagy, or an evacuation of the blood, whether spontaneous or artificial. And as it is very manifest that the energy of the brain depends upon a certain fulness and tension of its blood-vessels, for which nature seems to have industriously provided by such a conformation of those blood-vessels as retards the motion of the blood both in the arteries and veins of the brain; so we can readily perceive that evacuations of blood, by taking off the ful-

ness and tension of the blood-vessels of the brain, and thereby diminishing its energy with respect to the heart, may occasion a syncope. In many persons, a small evacuation of blood will have this effect; and in such cases there is often a clear proof of the manner in which the cause operates, from this circumstance, that the effect can be prevented by laying the body in a horizontal posture; which, by favouring the afflux of the blood by the arteries, and retarding the return of it by the veins, preserves the necessary fulness of the vessels of the brain.

It is farther to be remarked here, that not only an evacuation of blood occasions syncope, but that even a change in the distribution of the blood, whereby a larger portion of it flows into one part of the system of blood-vessels, and consequently less into others, may occasion a syncope. It is thus I explain the syncope, that readily occurs upon the evacuation of hydropic waters, which had before filled the cavities of the abdomen or thorax. It is thus also I explain the syncope that sometimes happens on blood-letting, but which does not happen till the ligature which had been employed is untied, and admits a larger afflux of blood into the blood-vessels of the arm. Both these cases of syncope show, that an evacuation of blood does not always occasion the disease by any general effect on the whole system, but often merely by taking off the requisite fulness of the blood-vessels of the brain.

1178. The operation of some others of the remote causes of syncope, may be explained on the following principles. Whilst the energy of the brain is, upon different occasions, manifestly stronger or weaker, it seems to be with this condition, that a stronger exertion of it is necessarily followed by a weaker state of the same. It seems to depend upon this law in the constitution of

the nervous power, that the ordinary contraction of a muscle is always alternated with a relaxation of the same; that, unless a contraction proceeds to the degree of spasm, the contracted state cannot be long continued; and it seems to depend upon the same cause that the voluntary motions, which always require an unusual increase of exertion, occasion fatigue, debility, and at length irresistible sleep.

From this law, therefore, of the nervous power, we may understand why a sudden and violent exertion of the energy of the brain is sometimes followed by such a diminution of it as to occasion a syncope; and it is thus I suppose that a violent fit of joy produces syncope, and even death. It is upon the same principle also, I suppose, that an exquisite pain may sometimes excite the energy of the brain more strongly than can be supported, and is therefore followed by such a diminution as must occasion fainting. But the effect of this principle appears more clearly in this, that a fainting readily happens upon the sudden remission of a considerable pain; and thus I have seen a fainting occur upon the reduction of a painful dislocation.

1179. It seems to be quite analogous when a syncope immediately happens on the finishing of any great and long continued effort, whether depending on the will, or upon a propensity; and in this way a fainting sometimes happens to a woman on the bearing of a child. This may be well illustrated by observing, that in persons already much weakened, even a very moderate effort will sometimes occasion fainting.

1180. To explain the operation of some other causes of syncope, it may be observed, that as the exertions of the energy of the brain are especially under the influence of the will, so it is well known that those modifications of the will which are named Passions and

Emotions, have a powerful influence on the energy of the brain in its action upon the heart, either in increasing or diminishing the force of that energy. Thus, anger has the former, and fear the latter effect; and thence it may be understood how terror often occasions a syncope sometimes of the most violent kind, named Asphyxia, and sometimes death itself.

1181. As, from what I have just mentioned, it appears, that the emotions of desire increase, and those of aversion diminish the energy of the brain; so it may be understood, how a strong aversion, a horror, or the feeling which arises upon the sight of a very disagreeable object, may occasion fainting. As an example of this, I have known more than one instance of a person's fainting at the sight of a sore in another person.

1182. To this head of horror and disgust, I refer the operation of those odours which in certain persons occasion syncope. It may be supposed, that those odours are endowed with a directly sedative power, and may thereby occasion syncope; but they are, many of them, with respect to other persons, evidently of a contrary quality; and it appears to me, that those odours occasion syncope only in those persons to whom they are extremely disagreeable.

1183. It is, however, very probable, that among the causes of syncope, there are some which, analogous to all those we have already mentioned, act by a directly sedative power; and such may either be diffused in the mass of blood, and thereby communicated to the brain; or may be only taken into the stomach, which so readily and frequently communicates its affections to the brain.

1184. Having now enumerated, and, as I hope, explained the most part of the remote causes of syncope, that either operate immediately upon the brain, or whose

operation upon other parts of the body is communicated to the brain, it is proper to observe, that the most part of these causes operate upon certain persons more readily and more powerfully than upon others; and this circumstance, which may be considered as the predisposing cause of syncope, deserves to be inquired into.

It is, in the first place, obvious, that the operation of some of those causes depends entirely upon an idiosyncrasy in the persons upon whom they operate; which, however, I cannot pretend to explain. But in the next place, with respect to the greater part of the other causes, their effects seem to depend upon a temperament which is in one degree or other in common to many persons. This temperament seems to consist in a great degree of sensibility and mobility, arising from a state of debility, sometimes depending upon original conformation, and sometimes produced by accidental occurrences in the course of life.

1185. The second set of the remote causes of syncope, (1174.) or those acting directly upon the heart itself, are certain organic affections of the heart itself, or of the parts immediately connected with it, particularly the great vessels which pour blood into, or immediately receive it from, the cavities of the heart. Thus a dilatation or aneurism of the heart, a polypus in its cavities, abscesses or ulcerations in its substance, a close adherence of the pericardium to the surface of the heart, aneurisms of the great vessels near to the heart, polypus in these, and ossifications in these or in the valves of the heart, are one or other of them conditions which, upon dissection, have been discovered in those persons who had before laboured under frequent syncope.

1186. It is obvious, that these conditions are all of them, either such as may, upon occasion, disturb the free and regular influx into, or the free egress of the

blood from, the cavities of the heart; or such as may otherwise disturb its regular action, by sometimes interrupting it, or sometimes exciting it to more violent and convulsive action. The latter is what is named the Palpitation of the Heart, and it commonly occurs in the same persons who are liable to syncope.

1187. It is this, as I judge, that leads us to perceive in what manner these organic affections of the heart and great vessels may occasion syncope; for it may be supposed, that the violent exertions made in palpitations may either give occasion to an alternate great relaxation, (1178.) or to a spasmodic contraction; and in either way suspend the action of the heart, and occasion syncope. It seems to me probable, that it is a spasmodic contraction of the heart that occasions the intermission of the pulse so frequently accompanying palpitation and syncope.

1188. Though it frequently happens that palpitation and syncope arise, as we have said, from the organic affections above mentioned, it is proper to observe, that these diseases, even when in a violent degree, do not always depend on such causes acting directly on the heart, but are often dependent on some of those causes which we have mentioned above as acting primarily on the brain.

1189. I have thus endeavoured to give the pathology of syncope; and of the cure I can treat very shortly.

The cases of syncope depending on the second set of causes, (1174.) and fully recited in 1185, I suppose to be generally incurable; as our art, so far as I know, has not yet taught us to cure any one of those several causes of syncope (1185.).

The cases of syncope depending on the first set of causes, (1174.) and whose operation I have endeavoured to explain in 1177. *et seq.* I hold to be generally curable, either by avoiding the several occasional causes

there pointed out, or by correcting the predisponent causes (1184.). The latter, I think, may generally be done by correcting the debility or mobility of the system, by the means which I have already had occasion to point out in another place.

CHAPTER II.

OF DYSPEPSIA, OR INDIGESTION.

1190. A WANT of appetite, a squeamishness, sometimes a vomiting, sudden and transient distentions of the stomach, eructations of various kinds, heartburns, pains in the region of the stomach, and a bound belly, are symptoms which frequently concur in the same persons, and therefore may be presumed to depend upon one and the same proximate cause. In both views, therefore, they may be considered as forming one and the same disease, to which we have given the appellation of *Dyspepsia*, set at the head of this chapter.

1191. But as this disease is also frequently a secondary and sympathetic affection, so the symptoms above-mentioned are often joined with many others; and this has given occasion to a very confused and undetermined description of it, under the general title of Nervous Diseases, or under that of Chronic Weakness. It is proper, however, to distinguish them; and I apprehend the symptoms enumerated above are those essential to the idiopathic affection I am now to treat of.

1192. It is indeed to be particularly observed, that these symptoms are often truly accompanied with a certain state of mind which may be considered as a part of the idiopathic affection: but I shall take no further notice of this symptom in the present chapter, as

it will be fully and more properly considered in the next, under the title of Hypochondriasis.

1193. That there is a distinct disease attended always with the greater part of the above symptoms, is rendered very probable by this, that all these several symptoms may arise from one and the same cause; that is, from an imbecility, loss of tone, and weaker action in the muscular fibres of the stomach; and I conclude, therefore, that this imbecility may be considered as the proximate cause of the disease I am to treat of under the name of Dyspepsia.*

1194. The imbecility of the stomach, and the consequent symptoms, (1190.) may, however, frequently depend upon some organic affection of the stomach itself, as tumour, ulcer, or scirrhosity; or upon some affection of other parts of the body communicated to the stomach, as in gout, amenorrhœa, and some others. In all these cases, however, the dyspeptic symptoms are to be considered as secondary or sympathetic affections, to be cured only by curing the primary disease. Such secondary and sympathetic cases cannot, indeed, be treated of here: but as I presume that the imbecility of the stomach may often take place without either any organic affection of this part, or any more primary affection in any other part of the body; so I suppose and expect it will appear, from the consideration of the remote causes, that the dyspepsia may be often an idiopathic affection, and that it is therefore properly taken into

* It is not from a loss of tone in the *muscular fibres* of the stomach, that the symptoms of dyspepsia arise. Healthy digestion is not the result of muscular action. As far as the stomach is concerned in it, it is the result of a kind of glandular action; or, rather, of an action *sui generis*; for there is no other organ in the system to the action of which that of the stomach can be rightfully compared.

the system of methodical Nosology, and becomes the subject of our consideration here.*

1195. There can be little doubt, that in most cases, the weaker action of the muscular fibres of the stomach is the most frequent and chief cause of the symptoms mentioned in 1190, but I dare not maintain it to be the only cause of idiopathic dyspepsia. There is, pretty certainly, a peculiar fluid in the stomach of animals, or at least a peculiar quality in the fluids, that we know to be there, upon which the solution of the aliments taken into the stomach chiefly depends: and it is at the same time probable, that the peculiar quality of the dissolving or digesting fluids may be variously changed, or that their quantity may be, upon occasion, diminished. It is, therefore, sufficiently probable, that a change in the quality or quantity of these fluids may produce a considerable difference in the phenomena of digestion, and particularly may give occasion to many of the morbid appearances mentioned in 1190.†

1196. This seems to be very well founded, and points out another proximate cause of dyspepsia beside that we have already assigned; but, notwithstanding this, as the peculiar nature of the digestive fluid, the changes which it may undergo, or the causes by which it may be changed, are all matters so little known, that I cannot find any practical doctrine upon any supposition

* In as far as dyspepsia possesses an arthritic character, it may be considered an idiopathic disease; gout itself being originally a gastric affection.

† The peculiar fluid to which our author alludes in this article is the *liquor gastricus*. To the physiologists of the present day, the solvent powers of this liquor, and the *general part* it performs in the process of digestion are well understood. There can be no doubt that in dyspepsia its qualities are changed. But this change is not the *sole* cause of indigestion, although it must certainly be considered as an *auxiliary* cause. The gastric liquor being itself secreted by the stomach, any morbid change which it sustains must be attributed to a previously existing diseased state of action in that organ.

with respect to them; and as, at the same time, the imbecility of the stomach, either as causing the change in the digestive fluid, or as being induced by that change, seems always to be present, and to have a great share in occasioning the symptoms of indigestion; so I shall still consider the imbecility of the stomach as the proximate and almost sole cause of dyspepsia. And I more readily admit of this manner of proceeding; as, in my opinion, the doctrine applies very fully and clearly to the explaining the whole of the practice which experience has established as the most successful in this disease.*

1197. Considering this, then, as the proximate cause of dyspepsia, I proceed to mention the several remote causes of this disease; as they are such, as, on different occasions, seem to produce a loss of tone in the muscular fibres of the stomach. They may, I think, be considered under two heads. The *first* is, of those which act directly and immediately upon the stomach itself: the *second* is, of those which act upon the whole body, or particular parts of it, but in consequence of which the stomach is chiefly or almost only affected.

1198. Of the first kind are,

1. Certain sedative or narcotic substances taken into the stomach; such as tea, coffee, tobacco, ardent spirits, opium, bitters, aromatics, putrids, and acescents.

2. The large and frequent drinking of warm water, or of warm watery liquids.

3. Frequent surfeit, or immoderate repletion of the stomach.

* That in dyspepsia the muscular fibres of the stomach are debilitated is probably true—perhaps the same thing may be true of the whole organ. But we repeat, that indigestion cannot be regarded as the immediate result of this debility, in as much as digestion is not a muscular process.

4. Frequent vomiting, whether spontaneously arising, or excited by art.

5. Very frequent spitting, or rejection of saliva.

1199. Those causes which act upon the whole body, or upon particular parts and functions of it, are,

1. An indolent and sedentary life.

2. Vexation of mind, and disorderly passions of any kind.

3. Intense study, or close application to business too long continued.

4. Excess in venery.

5. Frequent intoxication; which partly belongs to this head, partly to the former.

6. The being much exposed to moist and cold air when without exercise.*

1200. Though the disease, as proceeding from the last set of causes, may be considered as a symptomatic affection only; yet as the affection of the stomach is generally the first, always the chief, and often the only effect which these causes produce or discover, I think the affection of the stomach may be considered as the disease to be attended to in practice; and the more properly so, as in many cases the general debility is only to be cured by restoring the tone of the stomach, and by remedies first applied to this organ.

1201. For the cure of this disease, we form three several indications; a preservative, a palliative, and a curative.

The *first* is, to avoid or remove the remote causes just now enumerated.

* 1198—9. These two articles contain an excellent summary of the remote causes of indigestion, which ought to be strictly attended to and carefully remembered by all who wish to escape the disease. Our only objection in relation to them, is, that there is not among them, as our author alleges, a single *sedative*. They all possess properties highly stimulating

The *second* is, to remove those symptoms which especially contribute to aggravate and continue the disease. And,

The *third* is, to restore the tone of the stomach; that is, to correct or remove the proximate cause of the disease.

1202. The propriety and necessity of the first indication is sufficiently evident, as the continued application, or frequent repetition of those causes, must continue the disease; may defeat the use of the remedies; or, in spite of these, may occasion the recurrence of the disease. It is commonly the neglect of this indication which renders this disease so frequently obstinate. —How the indication is to be executed, will be sufficiently obvious from the consideration of the several causes: but it is proper for the practitioner to attend to this, that the execution is often exceedingly difficult, because it is not easy to engage men to break in upon established habits, or to renounce the pursuit of pleasure; and particularly, to persuade men that these practices are truly hurtful which they have often practised with seeming impunity.

1203. The symptoms of this disease which especially contribute to aggravate and continue it, and therefore require to be more immediately corrected or removed, are, first, the crudities of the stomach already produced by the disease, and discovered by a loss of appetite, by a sense of weight and uneasiness in the stomach, and particularly by the eructation of imperfectly digested matters.

Another symptom to be immediately corrected, is an unusual quantity, or a higher degree than usual, of acidity present in the stomach, discovered by various disorders in digestion, and by other effects to be mentioned afterwards.

The third symptom aggravating the disease, and otherwise in itself urgent, is costiveness, and therefore constantly requiring to be relieved.

1204. The *first* of these symptoms is to be relieved by exciting vomiting; and the use of this remedy, therefore, usually and properly begins the cure of this disease. The vomiting may be excited by various means, more gentle or more violent. The former may answer the purpose of evacuating the contents of the stomach: but emetics, and vomiting, may also excite the ordinary action of the stomach; and both, by variously agitating the system, and particularly by determining to the surface of the body, may contribute to remove the causes of the disease. But these latter effects can only be obtained by the use of emetics of the more powerful kind, such as the antimonial emetics especially are.*

1205. The *second* symptom to be palliated, is an excess of acidity, either in quantity or quality, in the contents of the stomach. In man there is a quantity of acescent aliment almost commonly taken in, and, as I think, always undergoes an acetous fermentation in the stomach; and it is, therefore, that, in the human stomach, and in the stomachs of all animals using vegetable food, there is always found an acid present. This acid, however, is generally innocent, and occasions no disorder, unless either the quantity of it is large, or the acidity proceeds to a higher degree than usual. But, in either of these cases, the acid occasions various disorders, as flatulency, eructation, heartburn, gnawing pains of the stomach, irregular appetites and cravings, looseness, griping, emaciation, and debility. To obviate or remove these effects aggravating and continuing the disease, it is not only necessary to correct the acid pre-

* Vomiting alone, by exciting a new action in the stomach, contributes, at times, very much to the removal of dyspepsia.

sent in the stomach; but, especially as this acid proves a ferment determining and increasing the acescency of the aliments afterwards taken in, it is proper also, as soon as possible, to correct the disposition to excessive acidity.*

1206. The acidity present in the stomach may be corrected by the use of alkaline salts, or absorbent earths; or by such substances, containing these, as can be decomposed by the acid of the stomach. Of the alkalines, the caustic is more effectual than the mild, and

* It is now very well known that, in *healthy* digestion, the acetous fermentation never prevails. But in *indigestion*, the case is otherwise. There, an acid, *said* to be the *acetous*—for we have never ourselves particularly examined it—greatly superabounds; and requires to be neutralized by alkaline absorbents.

An excellent preparation for this purpose consists of equal parts of lime water and sweet milk; of which a table spoonful may be taken every hour, or oftener, should circumstances require it. Lime water and mucilage of gum arabic, used in the same way, are also useful. Besides neutralizing the superabundant acidity, these preparations furnish the stomach with alimentary matter very easy of digestion.

When acidity and constipation prevail at once, calcined magnesia is the most suitable remedy. It neutralizes the former, by its absorbent, and removes the latter by its purgative, qualities.

When acidity and diarrhoea are predominant symptoms, the cretaceous julap, with the addition of a little laudanum, may be administered with advantage. This julap may be prepared according to the following formula. Take of prepared chalk and powdered gum arabic, each half an ounce; of cinnamon, or mint, and spring water, each four ounces; of laudanum, sixty drops; and of loaf sugar, a sufficient quantity to render the preparation agreeable. These articles being neatly incorporated with each other, give of the mixture a table spoonful, according to circumstances.

In cases of dyspepsia, accompanied with painful spasmodic affections of the stomach, the following remedy, although coarse and homely, has been found, on experience, to be highly efficacious.

Take of hickory ashes, a quart; of powdered soot, a table spoonful; and of spring water, one gallon. Put the ingredients into an unglazed earthen vessel, where they must be permitted to remain from three to five days, being, in the mean time, repeatedly stirred and mixed together with a wooden or silver instrument; the scum rising to the surface being carefully removed. The process being finished, strain the liquor through coarse filtering paper, or allow it to settle, and administer it in doses of from two to four table spoonfuls, to be repeated five or six times a day.

this accounts for the effects of lime-water. By employing absorbents, we avoid the excess of alkali, which might sometimes take place. The absorbents are different, as they form a neutral more or less laxative; and hence the difference between magnesia alba and other absorbents. It is to be observed, that alkalines and absorbents may be employed to excess; as, when employed in large quantity, they may deprive the animal fluids of the acid necessary to their proper composition.

1207. The disposition to acidity may be obviated by avoiding acescent aliments, and using animal food little capable of acescency. This, however, cannot be long continued without corrupting the state of our blood; and as vegetable food cannot be entirely avoided, the excess of their acescency may in some measure be avoided, by choosing vegetable food the least disposed to a vinous fermentation, such as leavened bread and well fermented liquors, and, instead of fresh native acids, employing vinegar.

1208. The acid arising from acescent matters in a sound state of the stomach, does not proceed to any high degree, or is again soon involved and made to disappear: but this does not always happen; and a more copious acidity, or a higher degree of it, may be produced, either from a change in the digestive fluids, become less fit to moderate fermentation and to cover acidity, or from their not being supplied in due quantity. How the former may be occasioned, we do not well understand; but we can readily perceive that the latter, perhaps the former also, may proceed from a weaker action of the muscular fibres of the stomach. In certain cases, sedative passions, immediately after they arise, occasion the appearance of acidity in the stomach which did not appear before; and the use of stimulants often corrects or obviates an acidity that would otherwise have

appeared. From these considerations, we conclude, that the production and subsistence of acidity in the stomach, is to be especially prevented by restoring and exciting the proper action of it, by the several means to be mentioned hereafter.*

1209. But it is also to be further observed, that though there are certain powers in the stomach for preventing a too copious acidity, or a high degree of it, they are not, however, always sufficient for preventing acescency, or for covering the acidity produced; and therefore, as long as vegetable substances remain in the stomach, their acescency may go on and increase. From hence we perceive, that a special cause of the excess of acidity may be, the too long retention of acescent matters in the stomach; whether this may be from these matters being of more difficult solution, or from the weakness of the stomach more slowly discharging its contents into the duodenum, or from some impediment to the free evacuation of the stomach by the pylorus. The latter of these causes we are well acquainted with, in the case of a scirrhous pylorus, producing commonly the highest degree of acidity. In all the instances of this scirrhosity I have met with, I have found it incurable: but the first of these causes is to be obviated by avoiding such aliments as are of difficult solution; and the second is to be mended by the several remedies for exciting the action of the stomach, to be mentioned afterwards.

1210. The *third* symptom commonly accompanying dyspepsia, which requires to be immediately removed, is costiveness. There is so much connection between

* We have already observed, and beg leave here to repeat, that no passion is or can be a *sedative*. Every passion is itself the result of impression, and, at the same time, makes an impression on the individual who sustains it. But the terms, *impression* and *sedative* are the opposites of each other.

the several portions of the alimentary canal with respect to the peristaltic motion, that, if accelerated or retarded in any one part, the other parts of it are commonly affected in the same manner. Thus, as the brisker action of the stomach must accelerate the action of the intestines, so the slower action of the intestines must in some measure retard that of the stomach. It is therefore of consequence to the proper action of the stomach, that the peristaltic motion of the intestines determining their contents downwards, be regularly continued; and that all costiveness, or interruption of that determination, be avoided. This may be done by the various means of exciting the action of the intestines: but it is to be observed here, that as very considerable evacuation of the intestines weakens their action, and is ready therefore to induce costiveness when the evacuation is over: so those purgatives which produce a large evacuation, are unfit for correcting the habit of costiveness. This, therefore, should be attempted by medicines which do no more than solicit the intestines to a more ready discharge of their present contents, without either hurrying their action, or increasing the excretions made into their cavity; either of which effects might produce a purging. There are, I think, certain medicines peculiarly proper on this occasion, as they seem to stimulate especially the great guts, and to act little on the higher parts of the intestinal canal.*

1211. We have thus mentioned the several means of executing our second indication; and I proceed to the *third*, which is, as we have said, the proper curative; and it is to restore the tone of the stomach, the loss of which we consider as the proximate cause of the dis-

* Anderson's or plain rhubarb pills, are valuable laxatives in cases of dyspepsia. Injections, however, appear to be the only remedies that can act efficiently on the great intestines, without at all disturbing the small ones.

ease, or at least as the chief part of it. The means of satisfying this indication we refer to two heads. One is, of those means which operate directly and chiefly on the stomach itself; and the other is, of those means which, operating upon the whole system, have their tonic effects thereby communicated to the stomach.

1212. The medicines which operate directly on the stomach are either stimulants or tonics.

The stimulants are saline or aromatic.

The saline are acids or neutrals.

Acids of all kinds seem to have the power of stimulating the stomach, and therefore often increase appetite: but the native acids, as liable to fermentation, may otherwise do harm, and are therefore of ambiguous use. The acids, therefore, chiefly and successfully employed are the vitriolic, muriatic, and the distilled acid of vegetables, as it is found in tar-water, which are all of them antizymics.

The neutral salts answering this intention are especially those which have the muriatic acid in their composition, though it is presumed that neutrals of all kinds have more or less of the same virtue.*

1213. The aromatics, and perhaps some other acrids, certainly stimulate the stomach, as they obviate the acescence and flatulency of vegetable food: but their stimulus is transitory; and if frequently repeated, and taken in large quantities, they may hurt the tone of the stomach.

1214. The tonics employed to strengthen the stomach

* Of the vitriolic acid, the dose ought not to exceed ten drops, and should be well diluted with water. The elixir of vitriol we think a more pleasant remedy. The *tinctura martis*, exhibited in doses of from ten to twenty drops, three times a day, is highly recommended as a tonic in indigestion. We ourselves have never employed it.

As an aid to digestion, we believe that the muriate of soda surpasses all other saline preparations.

are bitters, bitters and astringents combined, and chalybeates.

Bitters are undoubtedly tonic medicines, both with respect to the stomach and the whole system: but their long continued use has been found to destroy the tone of the stomach and of the whole system; and, whether this is from the mere repetition of their tonic operation, or from some narcotic power joined with the tonic in them, I am uncertain.*

1215. Bitters and astringents combined are probably more effectual tonics than either of them taken singly; and we suppose such a combination to take place in the Peruvian bark; which therefore proves a powerful tonic, both with respect to the stomach and to the whole system. But I have some ground to suspect that the long continued use of this bark may, like bitters, destroy both the tone of the stomach and of the whole system.

1216. Chalybeates may be employed as tonics in various forms, and in considerable quantities with safety.

They have been often employed in the form of mineral waters, and seemingly with success: but, whether this is owing to the chalybeate in the composition of these waters, or to some other circumstances attending their use, I dare not positively determine; but the latter opinion seems to me the more probable.†

* 1213—14. The caution enjoined in these articles is highly important. Even in the soundest stomach, an immoderate use of aromatics may induce indigestion. The deleterious effect of a long continued course of bitters, is also a truth too well known to need confirmation.

† Chalybeates may be administered under the same formulæ which have been heretofore directed in relation to other diseases.

They appear, however, to be most efficacious, when taken at watering places, where their operation is aided by cheerful society, wholesome air, moderate exercise, exemption from business, and freedom from care.

The exercises of gestation recommended by our author, with the use of cold air and cold water, are, if judiciously employed, important remedies in

1217. The remedies which strengthen the stomach, by being applied to the whole body, are, exercise and the application of cold.

As exercise strengthens the whole body, it must also strengthen the stomach; but it does this also in a particular manner, by promoting perspiration, and exciting the action of the vessels on the surface of the body, which have a particular consent with the muscular fibres of the stomach. This particularly explains why the exercises of gestation, though not the most powerful in strengthening the whole system, are, however, very powerful in strengthening the stomach; of which we have a remarkable proof in the effects of sailing. In strengthening the general system, as fatigue must be avoided, so bodily exercise is of ambiguous use; and perhaps it is thereby that riding on horseback has been so often found to be one of the most powerful means of strengthening the stomach, and thereby of curing dyspepsia.

1218. The other general remedy of dyspepsia is the application of cold; which may be in two ways; that is, either by the application of cold air, or of cold water. It is probable, that, in the atmosphere constantly surrounding our bodies, a certain degree of cold, considerably less than the temperature of our bodies themselves, is necessary to the health of the human body. Such a degree of cold seems to strengthen the vessels on the surface of the body, and therefore the muscular fibres of the stomach. But, further, it is well known, that if the body is in exercise sufficient to support such

the treatment of dyspepsia. So is the keeping up the action of the skin by means of the flesh brush, and a covering of flannel

A long journey and a sea voyage, have been known to cure cases of this disease, which had withstood the use of every other remedy. The excitement of an active military campaign has produced a similar effect.

a determination to the surface, as to prevent the cold from producing an entire constriction of the pores, a certain degree of cold in the atmosphere, with such exercise, will render the perspiration more considerable. From the sharp appetite that in such circumstances is commonly produced, we can have no doubt, that by the application of such cold, the tone of the stomach is considerably strengthened. Cold air, therefore, applied with exercise, is a most powerful tonic with respect to the stomach; and this explains why, for that purpose, no exercises within doors, or in close carriages, are so useful as those in the open air.

1219. From the same reasoning, we can perceive, that the application of cold water, or cold bathing, while it is a tonic with respect to the system in general, and especially as exciting the action of the extreme vessels, must in both respects be a powerful means of strengthening the tone of the stomach.

1220. These are the remedies to be employed towards a radical cure of idiopathic dyspepsia; and it might be, perhaps, expected here, that I should treat also of the various cases of the sympathetic disease. But it will be obvious that this cannot be properly done without treating of all the diseases of which dyspepsia is a symptom, which cannot be proper in this place. It has been partly done already, and will be further treated of in the course of this work. In the mean time, it may be proper to observe, that there is not so much occasion for distinguishing between the idiopathic and sympathetic dyspepsia, as there is in many other cases of idiopathic and sympathetic diseases. For, as the sympathetic cases of dyspepsia are owing to a loss of tone in some other part of the system, which is from thence communicated to the stomach: so the tone of the stomach restored, may be communicated to the part primarily

affected; and therefore the remedies of the idiopathic may be often usefully employed, and are often the remedies chiefly employed in sympathetic dyspepsia.

1221. Another part of our business here might be to say, how some other of the urgent symptoms, besides those above-mentioned, are to be palliated. On this subject, I think it is enough to say, that the symptoms chiefly requiring to be immediately relieved, are flatulency, heartburn, other kinds of pain in the region of the stomach, and vomiting.

The dyspeptic are ready to suppose that the whole of their disease consists in a flatulency. In this it will be obvious that they are mistaken; but, although the flatulency is not to be entirely cured, but by mending the imbecility of the stomach by the means above mentioned; yet the flatulent distention of the stomach may be relieved by carminatives, as they are called, or medicines that produce a discharge of wind from the stomach; such are the various antispasmodics, of which the most effectual is the vitriolic æther.

The heartburn may be relieved by absorbents, antispasmodics, or demulcents.

The other pains of the stomach may be sometimes relieved by carminatives, but most certainly by opiates.

Vomiting is to be cured most effectually by opiates thrown by injection into the anus.*

* Of absorbents we have already spoken. Of the good effects of antispasmodics, usually so called, in dyspepsia, we are very doubtful. As demulcents, mucilage of gum arabic, and new milk, are the best and most pleasant we have ever employed. The extract of liquorice, although much recommended, we have never used—oil of anise, in doses of ten drops, and of mint, in three, are valuable as carminatives—laudanum, in doses of from twenty to thirty drops, both removes acidity and relieves pain.

In dyspepsia, late sitting is an injurious practice. The patient should always, therefore, retire to bed at an early hour. Let him, in a particular manner, decline to participate in the evening enjoyment and riot of the table.

An exchange of a city for a country, a luxurious for a frugal, and a sedent

CHAPTER III.

OF HYPOCHONDRIASIS, OR THE HYPOCHONDRIAC AFFECTION, COMMONLY CALLED VAPORS, OR LOW SPIRITS.*

1222. IN certain persons there is a state of mind distinguished by a concurrence of the following circum-

tary for an active life, has proved oftentimes effectual in the cure of indigestion.

A blister, kept open for a considerable time, on the epigastric region, is a very promising remedy.

If, as is sometimes the case, the disease be connected with chronic hepatitis, the use of mercury becomes indispensable. Under this form of the complaint, the nitric acid, given in doses of ten drops, from three to six times a day, and sometimes to a larger amount, is highly recommended.

In all chronic diseases, the dietetic part of the treatment is highly important. But in none other, perhaps, is it so pre-eminently so, as in dyspepsia.

By a suitable diet alone may this complaint be removed; without it, all medicinal substances are administered in vain.

Instead of attempting, by stimulating means, to raise the tone of the stomach, so as to suit it to any given kind of diet, the only successful course is, to accommodate the diet to the condition of the organ.

A diet of milk alone, or with the addition of a little well boiled rice, or well baked and toasted bread, steadily persisted in, has produced, in this complaint, many cures, where the cases seemed desperate.

Both for the prevention and removal of the disease, a thorough mastication of such solid food as may be taken is exceedingly important—much more so than is generally imagined. By swallowing without chewing is it sometimes produced.

See on this disease—Forestus—Bonetus—Whytt—Black de humore acido a cibis—Richter—Temple de dyspepsia—Stoll. rat. med.—Abernethy—and Stone on diseases of the stomach.

* Respecting the nature and character of hypochondriasis, it is not our intention to enter into a detailed and protracted discussion. We shall simply state, that, from the most deliberate view we are able to take of it, we consider it as truly a gastric disease, as any one to which our systems are liable. We feel persuaded that the depression of spirits, the groundless fears, the gloom of mind, the spurious sensations, and the wild intellectual hallucination attending it, originate in a morbid condition of the stomach. On that organ is produced, by some cause, an irritation *sui generis*, which constitutes the actual source of the disease; whatever else may be experienced, whe-

stances: a languor, listlessness, or want of resolution and activity with respect to all undertakings; a dispo-

ther mental or corporeal, being nothing but secondary and sympathetic affections.

Were we asked our reasons for considering hypochondriasis as a gastric affection, we might reply, that they are numerous. I. The causes which produce it are such as are known to disorder the stomach. II. The sallow-ness of the complexion marks the gastric, or, as it is usually denominated, the bilious character of the complaint. III. The flatulent and dyspeptic state of the stomach, with the obstinate constipation of the bowels which accompany it, show it to be a disease of the *primæ viæ*. IV. Evidence to the same amount may be derived from the dark and disordered appearance which the bile in the course of it frequently assumes. V. We shall only add, that the gastric character of the disease very strongly appears from the fact, that those who are subject to it, usually refer their morbid sensations to the abdominal region. Men fancy themselves pregnant, sometimes of a human being; at other times of some inferior animal. They believe that a mechanic is at work in their stomach, or that that organ is the kennel of a pack of hounds; that a wind-mill is in full career in their bowels, or that a flock of birds is there, consuming the aliment and drinks that are swallowed. At other times, the same organs are the fancied residence of snakes or lizards, scorpions or frogs.

If our view of hypochondriasis be correct, the curative remedies should be directed to the stomach. We, accordingly, believe that emetics, very frequently repeated, would be ultimately productive of very salutary effects. So, we conceive, would arsenic, carried to such an extent as to create great nausea, with an eruption and troublesome itching on the skin.

A moderate and long continued salivation, which might revolutionize the stomach, would contribute, we are persuaded, to the removal of the disease.

From the sympathy that exists between the stomach and the skin, whatever produces on the latter organ a strong and lasting impression, is calculated for the relief of the hypochondriacal affection. Hence that complaint has been removed by an attack of the itch, of erysipelas, and of the nettle-rash.

What would be the effect of severe and frequent urtication? or of the long continued use of sulphur, which is known to act with some force on the skin?

A *real* morbid affection removes such as are *only*, or in part, *imaginary*. Hence, a gonorrhœa and a broken bone have dissipated entirely the illusions of hypochondriasis.

What might be the effect of producing an artificial gonorrhœa, by throwing up the urethra an acrid injection?—These things are worthy of attention.

For further particulars touching this disease, consult Ballonius—Willis—Fracassinus de morbo hypochondriaco—Hoffman—Baglivi—Cheyne's English malady—Turner de morbo hypochondriaco—Stoll. rat. mèd. and Baynes de hypochondriasi.

tion to seriousness, sadness, and timidity; as to all future events, an apprehension of the worst or most unhappy state of them; and, therefore, often upon slight grounds, an apprehension of great evil. Such persons are particularly attentive to the state of their own health, to even the smallest change of feeling in their bodies; and from any unusual feeling, perhaps of the slightest kind, they apprehend great danger, and even death itself. In respect to all these feelings and apprehensions, there is commonly the most obstinate belief and persuasion.

1223. This state of mind is the *Hypochondriasis* of medical writers. See *Linnaei Genera Morborum*, Gen. 76. et *Segari Systema Symptomaticum*, Class XIII. Gen. 5. The same state of mind is what has been commonly called *Vapors* and *Low Spirits*. Though the term *Vapors* may be founded on a false theory, and therefore improper, I beg leave, for a purpose that will immediately appear, to employ it for a little here.

1224. Vapors, then, or the state of mind described above, is, like every other state of mind, connected with a certain state of the body, which must be inquired into in order to its being treated as a disease by the art of physic.

1225. This state of the body, however, is not very easily ascertained: for we can perceive, that on different occasions it is very different; vapors being combined sometimes with dyspepsia, sometimes with hysteria, and sometimes with melancholia, which are diseases seemingly depending on very different states of the body.

1226. The combination of vapors with dyspepsia is very frequent, and in seemingly very different circumstances. It is, especially, these different circumstances that I would wish to ascertain; and I remark, that they are manifestly of two different kinds. First, as the

disease occurs in young persons of both sexes, in persons of a sanguine temperament, and of a lax and flaccid habit. Secondly, as it occurs in elderly persons of both sexes, of a melancholy temperament, and of a firm and rigid habit.

1227. These two different cases of the combination of vapors and dyspepsia. I consider as two distinct diseases, to be distinguished chiefly by the temperament prevailing in the persons affected.

As the dyspepsia of sanguine temperaments is often without vapors, and as the vapors, when joined with dyspepsia in such temperaments, may be considered as, perhaps, always a symptom of the affection of the stomach; so to this combination of dyspepsia and vapors I would still apply the appellation of *Dyspepsia*, and consider it as strictly the disease treated of in the preceding chapter.

But the combination of dyspepsia and vapors in melancholic temperaments, as the vapors or the turn of mind peculiar to the temperament, nearly that described above in 1222, are essential circumstances of the disease; and as this turn of mind is often with few, or only slight symptoms of dyspepsia; and, even though the latter be attending, as they seem to be rather the effects of the general temperament, than of any primary or topical affection of the stomach; I consider this combination as a very different disease from the former, and would apply to it strictly the appellation of *Hypochondriasis*.

1228. Having thus pointed out a distinction between *Dyspepsia* and *Hypochondriasis*, I shall now, using these terms in the strict sense above mentioned, make some observations which may, I think, illustrate the subject, and more clearly and fully establish the distinction proposed.

1229. The dyspepsia often appears early in life, and is frequently much mended as life advances: but the hypochondriasis seldom appears early in life, and more usually in more advanced years only; and more certainly still, when it has once taken place, it goes on increasing as life advances to old age.

This seems to be particularly well illustrated, by observing the changes in the state of the mind which usually take place in the course of life. In youth, the mind is cheerful, active, rash, and moveable: but, as life advances, the mind by degrees becomes more serious, slow, cautious, and steady; till at length, in old age, the gloomy, timid, distrustful, and obstinate state of melancholy temperaments, is more exquisitely formed. In producing these changes, it is true, that moral causes have a share; but it is at the same time obvious, that the temperament of the body determines the operation of these moral causes, sooner or later, and in a greater or lesser degree, to have their effects. The sanguine temperament retains longer the character of youth, while the melancholic temperament brings on more early the manners of old age.

1230. Upon the whole, it appears, that the state of the mind which attends and especially distinguishes hypochondriasis, is the effect of that same rigidity of the solids, torpor of the nervous power, and peculiar balance between the arterial and venous systems which occur in advanced life, and which at all times take place more or less in melancholic temperaments. If, therefore, there be also somewhat of a like state of mind attending the dyspepsia which occurs early in life in sanguine temperaments and lax habits, it must depend upon a different state of the body, and probably upon a weak and moveable state of the nervous power.

1231. Agreeable to all this in dyspepsia, there is

more of spasmodic affection, and the affection of the mind (1222.) is often absent, and, when present, is perhaps always of a slighter kind; while in hypochondriasis the affection of the mind is more constant, and the symptoms of dyspepsia, or the affections of the stomach, are often absent, or, when present, are in a slighter degree.

I believe the affection of the mind is commonly different in the two diseases. In dyspepsia, it is often languor and timidity only, easily dispelled; while, in hypochondriasis, it is generally the gloomy and riveted apprehension of evil.

The two diseases are also distinguished by some other circumstances. Dyspepsia, as I have said, is often a symptomatic affection; while hypochondriasis is, perhaps, always a primary and idiopathic disease.

As debility may be induced by many different causes, dyspepsia is a frequent disease; while hypochondriasis, depending upon a peculiar temperament, is more rare.

1232. Having thus endeavoured to distinguish the two diseases, I suppose the peculiar nature and proximate cause of *hypochondriasis* will be understood; and I proceed, therefore, to treat of its cure.

So far as the affections of the body, and particularly of the stomach, are the same here as in the case of *dyspepsia*, the method of cure might be supposed to be also the same; and accordingly the practice has been carried on with little distinction: but I am persuaded that a distinction is often necessary.

1233. There may be a foundation here for the same preservative indication as first laid down in the cure of *dyspepsia*; (1202.) but I cannot treat this subject so clearly or so fully as I could wish, because I have not yet had so much opportunity of observation as I think necessary to ascertain the remote causes; and I can

hardly make use of the observations of others, who have seldom or never distinguished between the two diseases. What, indeed, has been said with respect to the remote causes of *melancholia*, will often apply to the *hypochondriasis*, which I now treat of; but the subject of the former has been so much involved in a doubtful theory, that I find it difficult to select the facts that might properly and strictly apply to the latter. I delay this subject, therefore, till another occasion; but in the meantime trust, that what I have said regarding the nature of the disease, and some remarks I shall have occasion to offer in considering the method of cure, may in some measure supply my deficiency on this subject of the remote causes.

1234. The *second* indication laid down in the cure of dyspepsia (1201.) has properly a place here; but it is still to be executed with some distinction.

1235. An anorexia, and accumulation of crudities in the stomach, does not commonly occur in hypochondriasis as in dyspepsia; and therefore vomiting (1204.) is not so often necessary in the former as in the latter.

1236. The symptom of excess of acidity, from the slow evacuation of the stomach in melancholic temperaments, often arises to a very high degree in the hypochondriasis; and, therefore, for the same reason as in 1205, it is to be obviated and corrected with the utmost care. It is upon this account that the several antacids, and the other means of obviating acidity, are to be employed in hypochondriasis, and with the same attentions and considerations as in 1206, and following; with this reflection, however, that the exciting the action of the stomach there mentioned, is to be a little differently understood, as shall be hereafter explained.

1237. As costiveness, and that commonly to a considerable degree, is a very constant attendant of hypo-

chondriasis, so it is equally hurtful as in dyspepsia. It may be remedied by the same means in the former as in the latter, and they are to be employed with the same restrictions as in 1210.

1238. It is especially with respect to the *third* indication laid down in the cure of dyspepsia (1201.) that there is a difference of practice to be observed in the cure of hypochondriasis; and that often one directly opposite to that in the case of dyspepsia, is to be followed.

1239. In dyspepsia, the chief remedies are the tonic medicines, which to me seem neither necessary nor safe in hypochondriasis; for in this there is not a loss of tone, but a want of activity that is to be remedied.

Chalybeate mineral waters have commonly been employed in hypochondriasis, and seemingly with success. But this is probably to be imputed to the amusement and exercise usually accompanying the use of these waters, rather than to the tonic power of the small quantity of iron which they contain. Perhaps the elementary water, by favouring the excretions, may have a share in relieving the disease.

1240. Cold bathing is often highly useful to the dyspeptic, and, as a general stimulant, may sometimes seem useful to the hypochondriac; but it is not commonly so to the latter; while, on the other hand, warm bathing, hurtful to the dyspeptic, is often extremely useful to the hypochondriac.

1241. Another instance of a contrary practice necessary in the two diseases, and illustrating their respective natures, is, that the drinking tea and coffee is always hurtful to the dyspeptic, but is commonly extremely useful to the hypochondriac.

1242. Exercise, as it strengthens the system, and thereby the stomach, and more especially, as, by increasing the perspiration, it excites the action of the stomach,

it proves one of the most useful remedies in dyspepsia; and further, as, by increasing the perspiration, it excites the activity of the stomach, it likewise proves an useful remedy in the hypochondriasis. However, in the latter case, as I shall explain presently, it is still a more useful remedy by its operation upon the mind than by that upon the body.

1243. It is now proper that we proceed to consider the most important article of our practice in this disease, and which is, to consider the treatment of the mind; an affection of which sometimes attends dyspepsia, but is always the chief circumstance in hypochondriasis. What I am to suggest here, will apply to both diseases; but it is the hypochondriasis that I am to keep most constantly in view.

1244. The management of the mind in hypochondriacs, is often nice and difficult. The firm persuasion that generally prevails in such patients, does not allow their feelings to be treated as imaginary, nor their apprehension of danger to be considered as groundless, though the physician may be persuaded that it is the case in both respects. Such patients, therefore, are not to be treated either by raillery, or by reasoning.

It is said to be the manner of hypochondriacs, to change often their physician; and indeed they often do it consistently; for a physician who does not admit the reality of the disease, cannot be supposed to take much pains to cure it, or to avert the danger of which he entertains no apprehension.

If in any case the pious fraud of a placebo be allowable, it seems to be in treating hypochondriacs; who, anxious for relief, are fond of medicines, and, though often disappointed, will still taste every new drug that can be proposed to them.

1245. As it is the nature of man to indulge every

present emotion, so the hypochondriac cherishes his fears; and, attentive to every feeling, finds, in trifles light as air, a strong confirmation of his apprehensions. His cure, therefore, depends especially upon the interruption of his attention, or upon its being diverted to other objects than his own feelings.

1246. Whatever aversion to application of any kind may appear in hypochondriacs, there is nothing more pernicious to them than absolute idleness, or a vacancy from all earnest pursuit. It is owing to wealth admitting of indolence, and leading to the pursuit of transitory and unsatisfying amusements, or to that of exhausting pleasures only, that the present times exhibit to us so many instances of hypochondriacism.

The occupations of business suitable to their circumstances and situation in life, if neither attended with emotion, anxiety, nor fatigue, are always to be admitted, and persisted in by hypochondriacs. But occupations upon which a man's fortune depends, and which are always, therefore, objects of anxiety to melancholic men, and more particularly where such occupations are exposed to accidental interruptions, disappointments, and failures, it is from these that the hypochondriac is certainly to be withdrawn.

1247. *The hypochondriac who is not necessarily, by

* From this to the end of the section, our author treats hypochondriasis too much as if it were an *imaginary* rather than a *real* disease, a pure affection of the *mind* rather than of the *body*.

To talk of diverting a miserable hypochondriac from an "attention to his own feelings" is idle, unless the cause of those feelings be removed. Divert him thus *for a time* you may; and you may, to a certain extent, do the same to any other valetudinarian; but his attention will return to the source of his suffering, as soon as the diverting impression is removed.

To talk of a pure *mental disease*, is to speak of that which does not exist. And if it did exist, it would be utterly beyond the influence of the healing art. We have no medicines that can reach the mind as an immaterial and immortal being. In the language of the poet, to "pluck from it a rooted

circumstance or habits, engaged in business, is to be drawn from his attention to his own feelings by some amusement.

The various kinds of sport and hunting, as pursued with some ardour, and attended with exercise, if not too violent, are amongst the most useful.

All those amusements which are in the open air, joined with moderate exercise, and requiring some dexterity, are generally of use.

Within doors, company which engages attention, which is willingly yielded to, and is at the same time of a cheerful kind, will be always found of great service.

Play, in which some skill is required, and where the stake is not an object of much anxiety, if not too long protracted, may often be admitted.

In dyspeptics, however, gaming, liable to sudden and considerable emotions, is dangerous; and the long continuance of it, with night watching, is violently debilitating. But in melancholics, who commonly excel in skill, and are less susceptible of violent emotions, it is

sorrow," and purge it of that "foul and perilous stuff that preys upon the heart," we must direct our attention and our remedies to those corporeal organs on which it acts in all its operations. While they are disordered, all mental phenomena will be wrong; reinstate them in soundness, and all will be right.

Hypocondriasis is as really and radically a corporeal disease, as peripneumony or hepatitis. It depends essentially on local irritation. Let the seat of irritation be carefully sought for; and, being found, let the irritation be removed, and the mental affection will immediately disappear.

Simply to divert the hypocondriac's attention from his uneasy feelings, is to prescribe for a mere symptom—to lop off a branch while the root remains untouched. It is like administering opium to allay the pain and the cough in pleurisy, while the cause of those affections remains in its strength.

Whatever course the patient is directed to pursue, should have some other object than mere diversion, or pastime. It should be of such a nature, and so long and perseveringly continued, as deeply to impress and even revolutionize the system. Nothing short of this can permanently relieve. Temporary amusements may afford temporary alleviation; but for a radical cure, we must depend on means of a very different character.

more admissible, and is often the only amusement that can engage them.

Music, to a nice ear, is a hazardous amusement, as long attention to it is very fatiguing.

1248. It frequently happens, that amusements of every kind are rejected by hypochondriacs; and in that case, mechanical means of interrupting thought are the remedies to be sought for. Such is to be found in brisk exercise, which requires some attention in the conduct of it.

Walking is seldom of this kind; though, as gratifying to the restlessness of hypochondriacs, it has sometimes been found useful.

The required interruption of thought is best obtained by riding on horseback, or in driving a carriage of any kind.

The exercise of sailing, except it be in an open boat engaging some attention, does very little service.

Exercise in an easy carriage, in the direction of which the traveller takes no part, unless it be upon rough roads, or driven pretty quickly, and with long continuance, is of little advantage.

1249. Whatever exercise may be employed, it will be most effectual when employed in the pursuit of a journey; first, because it withdraws a person from many objects of uneasiness and care which might present themselves at home; secondly, as it engages in more constant exercise, and in a greater degree of it than is commonly taken in airings about home; and lastly, as it is constantly presenting new objects which call forth a person's attention.

1250. In our system of Nosology, we have, next to Hypochondriasis, placed the Chlorosis, because I once thought it might be considered as a genus, comprehending, besides the Chlorosis of Amenorrhœa, some spe-

cies of Cachexy: but, as I cannot find this to be well founded, and cannot distinctly point out any such disease, I now omit considering Chlorosis as a genus here; and as a symptom of Amenorrhœa, I have endeavoured before to explain it under that title.

BOOK III.

OF SPASMODIC AFFECTIONS WITHOUT FEVER.

1251. UNDER this title I am to comprehend all the diseases which consist in *motu abnormi*; that is, in a preternatural state of the contraction and motion of the muscular or moving fibres in any part of the body.

1252. It will hence appear, why, under this title, I have comprehended many more diseases than Sauvages and Sagar have comprehended under the title of Spasmi, or than Linnæus has done under the title of Motorii. But I expect it will be obvious, that upon this occasion, it would not be proper to confine our view to the affections of voluntary motion only; and if those Nosologists have introduced into the class of Spasmi, Palpitatio and Hysteria, it will be with equal propriety that Asthma, Colica, and many other diseases, are admitted.

1253. It has been hitherto the method of our Nosologists to divide the Spasmi into the two orders of Tonic and Clonici, Spastici, and Agitatorii; or, as many at present use the terms, into Spasms so strictly called, and convulsions. I find, however, that many, and indeed most of the diseases to be considered under our title of Spasmodic affections, in respect to Tonic or Clonic contractions, are of a mixed kind: and, therefore, I cannot

follow the usual general division; but have attempted another, by arranging the several Spasmodic diseases according as they affect the several functions, Animal, Vital, or Natural.

SECTION I.

OF THE SPASMODIC AFFECTIONS OF THE ANIMAL FUNCTIONS.

1254. AGREEABLE to the language of the ancients, the whole of the diseases to be treated of in this section might be termed *Spasmi*; and many of the moderns continue to apply the term in the same manner: but I think it convenient to distinguish the terms of *Spasm* and *Convulsion*, by applying the former strictly to what has been called the *Tonic*; and the latter to what has been called the *Clonic* spasm. There is certainly a foundation for the use of those different terms, as there is a remarkable difference in the state of the contraction of moving fibres upon different occasions. This I have indeed pointed out before, in my treatise of Physiology, but must also repeat it here.

1255. In the exercise of the several functions of the animal economy, the contractions of the moving fibres are excited by the will, or by certain other causes specially appointed by nature for exciting those contractions; and these other causes I name the *natural causes*. In a state of health, the moving fibres are contracted by the power of the will and by the *natural causes* only. At the same time, the contractions produced are, in force and velocity, regulated by the will, or by the circumstances of the *natural causes*; and the contractions, whether produced by the one or the other, are always

soon succeeded by a state of relaxation, and are not repeated but when the power of the will or of the natural causes is again applied.

1256. Such are the conditions of the action of the moving fibres in a state of health: but in a morbid state the contractions of the muscles and moving fibres ordinarily depending upon the will are excited without the concurrence of the will, or contrary to what the will intends; and in the other functions they are excited by the action of unusual and unnatural causes. In both cases the contractions produced may be in two different states. The one is, when the contractions are to a more violent degree than is usual in health, and are neither succeeded by a spontaneous relaxation, nor even readily yield to an extension either from the action of antagonist muscles, or from other extending powers applied. This state of contractions is what has been called a *tonic spasm*, and is what I shall name simply and strictly a *spasm*. The other morbid state of contraction is, when they are succeeded by a relaxation, but are immediately again repeated without the concurrence of the will, or of the repetition of natural causes, and are at the same time commonly, with respect to velocity and force, more violent than in a healthy state. This state of morbid contraction is what has been named a *clonic spasm*, and what I shall name simply and strictly a *convulsion*.

In this section I shall follow nearly the usual division of the spasmoid diseases into those consisting in Spasm, and those consisting in Convulsion; but it may not perhaps be in my power to follow such division exactly.

CHAPTER I.

OF TETANUS.*

1257. BOTH Nosologists and practical writers have distinguished Tetanic complaints into the several species of **Tetanus**, **Opisthotonus**, and **Emprosthotonus**; and I have in my Nosology put the **Trismus**, or **Locked Jaw**, as a genus distinct from the **Tetanus**. All this, however, I now judge to be improper; and am of opinion that all the several terms mentioned denote, and are applicable only to, different degrees of one and the same disease; the history and cure of which I shall endeavour to deliver in this chapter.

1258. Tetanic complaints may, from certain causes, occur in every climate that we are acquainted with; but they occur most frequently in the warmest climates, and most commonly in the warmest seasons of such climates. These complaints affect all ages, sexes, temperaments, and complexions. The causes from whence they commonly proceed, are cold and moisture applied to the body while it is very warm, and especially the sudden vicissitudes of heat and cold. Or, the disease is produced by punctures, lacerations, or other lesions of nerves in any part of the body. There are, probably, some other causes of this disease; but they are neither distinctly known, nor well ascertained. Though the causes mentioned do, upon occasion, affect all sorts of persons, they seem, however, to attack persons of middle age more frequently than the older or younger, the male sex

* In the United States, especially in the middle and northern sections of it, **Tetanus** rarely occurs, except as the result of a mechanical injury. Punctured and lacerated wounds are its usual source.

more frequently than the female, and the robust and vigorous more frequently than the weaker.*

1259. If the disease proceed from cold, it commonly comes on in a few days after the application of such cold; but, if it arise from a puncture or other lesion of a nerve, the disease does not commonly come on for many days after the lesion has happened, very often when there is neither pain nor uneasiness remaining in

* Tetanus, from whatever source it may arise, whether from a punctured or a lacerated wound, or from vicissitudes in the sensible qualities of the atmosphere, furnishes a remarkable and conclusive instance of the truth of the sympathetic, and the fallacy of the humoral, doctrines of pathology. Nor is it less satisfactory in establishing the original locality of general disease.

A puncture is received in the foot, from the point of a nail free from rust, and every other deleterious quality. The injury is purely mechanical. From the beginning it is not painful, it seems to heal very kindly, and in a day or two is entirely forgotten.

For two or three weeks, the system suffers no inconvenience. The blood and all the juices are unimpaired. No taint adulterates them, nor are they marked by any morbid lento.

At length tetanic symptoms appear, circumscribed, indeed, at first, but progressing and widening, until the whole system partakes of the disease. But still the blood and the juices are pure, and continue so to the termination of the complaint.

The entire pathology of this disease is connected exclusively with the solids; the complaint is local in its origin, and sympathy is the only medium through which it can spread.

It is worthy of remark, that there are two kinds of injury that give rise to tetanus; a sensative and an irritative; or one that is painful and one that is not.

Tetanus from an irritative injury rarely makes its appearance in less than two or three weeks after the wound has been inflicted; and when thus late in occurring is almost always fatal. But when the injury is sensative, as in the case of a large lacerated wound, the disease is more early in its occurrence, and less deadly in its effects.

Tetanus furnishes also a very memorable example of the manner in which diseases change their seat. Radicated at first in the spot where the injury is received, it becomes afterwards so completely infixed in other parts, that no impression on its original seat can have any influence in removing it. When tetanus from an irritative injury has made its appearance, cut out the spot where the wound existed, or even amputate the limb on which it was received, you operate in vain. The disease has so changed its ground, that it appears to have a seat in every muscle and every nerve. To cure it, you must revolutionize the whole habit.

the wounded or hurt part, and very frequently when the wound has been entirely healed up.

1260. The disease sometimes comes on suddenly to a violent degree, but more generally it approaches by slow degrees to its violent state. In this case it comes on with a sense of stiffness in the back part of the neck, which, gradually increasing, renders the motion of the head difficult and painful. As the rigidity of the neck comes on and increases, there is commonly at the same time a sense of uneasiness felt about the root of the tongue; which, by degrees, becomes a difficulty of swallowing, and at length an entire interruption of it. While the rigidity of the neck goes on increasing, there arises a pain, often violent, at the lower end of the sternum, and from thence shooting into the back. When this pain arises, all the muscles of the neck, and particularly those of the back part of it, are immediately affected with spasm, pulling the head strongly backwards. At the same time, the muscles that pull up the lower jaw, which upon the first approaches of the disease were affected with some spastic rigidity, are now generally affected with more violent spasm, and set the teeth so closely together that they do not admit of the smallest opening.

This is what has been named the *Locked Jaw*, and is often the principal part of the disease. When the disease has advanced thus far, the pain at the bottom of the sternum returns very frequently; and with it the spasms of the hind neck and lower jaw are renewed with violence and much pain. As the disease thus proceeds, a greater number of muscles come to be affected with spasms. After those of the neck, those along the whole of the spine become affected, bending the trunk of the body strongly backwards; and this is what has been named the *Opisthotonus*.

In the lower extremities, both the flexor and extensor muscles are commonly at the same time affected, and keep the limbs rigidly extended. Though the extensors of the head and back are usually the most strongly affected, yet the flexors, or those muscles of the neck that pull the head forward, and the muscles that should pull down the lower jaw are often at the same time strongly affected with spasm. During the whole of the disease, the abdominal muscles are violently affected with spasm, so that the belly is strongly retracted, and feels hard as a piece of board.

At length the flexors of the head and trunk become so strongly affected as to balance the extensors, and to keep the head and trunk straight, and rigidly extended, incapable of being moved in any way ; and it is to this state the term of *Tetanus* has been strictly applied. At the same time, the arms, little affected before, are now rigidly extended ; the whole of the muscles belonging to them being affected with spasms, except those that move the fingers, which often to the last retain some mobility. The tongue also long retains its mobility ; but at length it also becomes affected with spasm, which, attacking certain of its muscles only, often thrusts it violently out between the teeth.

At the height of the disease, every organ of voluntary motion seems to be affected ; and, amongst the rest, the muscles of the face. The forehead is drawn up into furrows, the eyes, sometimes distorted, are commonly rigid, and immoveable in their sockets ; the nose is drawn up, and the cheeks are drawn backwards towards the ears, so that the whole countenance expresses the most violent grinning. Under these universal spasms a violent convulsion commonly comes on, and puts an end to life.

1261. These spasms are every where attended with

most violent pains. The utmost violence of spasm is, however, not constant; but, after subsisting for a minute or two, the muscles admit of some remission of their contraction, although of no such relaxation as can allow the action of their antagonists. This remission of contraction gives also some remission of pain; but neither is of long duration. From time to time, the violent contractions and pains are renewed, sometimes every ten or fifteen minutes, and that often without any evident exciting cause. But such exciting causes frequently occur; for almost every attempt to motion, as attempting a change of posture, endeavouring to swallow, and even to speak, sometimes gives occasion to a renewal of the spasms over the whole body.

1262. The attacks of this disease are seldom attended with any fever. When the spasms are general and violent, the pulse is contracted, hurried, and irregular; and the respiration is affected in like manner: but, during the remission, both the pulse and respiration usually return to their natural state. The heat of the body is commonly not increased; frequently the face is pale, with a cold sweat upon it; and very often the extremities are cold with a cold sweat over the whole body. When, however, the spasms are frequent and violent, the pulse is sometimes more full and frequent than natural: the face is flushed, and a warm sweat is forced out over the whole body.*

1263. Although fever be not a constant attendant of this disease, especially when arising from a lesion of nerves; yet, in those cases proceeding from cold, a fever sometimes has supervened, and is said to have been attended with inflammatory symptoms. Blood has been

* We do not recollect ever to have seen a case of tetanus, in which the patient was entirely exempt from febrile action. At the commencement of the disease, the pulse is oftentimes full and frequent, tense and strong. Blood drawn at this time throws up a covering of coagulating lymph.

often drawn in this disease, but it never exhibits any inflammatory crust; and all accounts seem to agree, that the blood drawn seems to be of a looser texture than ordinary, and that it does not coagulate in the usual manner.

1264. In this disease the head is seldom affected with delirium, or even confusion of thought, till the last stage of it; when, by the repeated shocks of a violent distemper, every function of the system is greatly disordered.

1265. It is no less extraordinary, that, in this violent disease, the natural functions are not either immediately or considerably affected. Vomitings sometimes appear early in the disease, but commonly they are not continued; and it is usual enough for the appetite of hunger to remain through the whole course of the disease; and what food happens to be taken down, seems to be regularly enough digested. The excretions are sometimes affected, but not always. The urine is sometimes suppressed, or is voided with difficulty and pain. The belly is costive: but, as we have hardly any accounts excepting of those case in which opiates have been largely employed, it is uncertain whether the costiveness has been the effect of the opiates or of the disease. In several instances of this disease, a miliary eruption has appeared upon the skin; but whether this be a symptom of the disease, or the effect of a certain treatment of it, is undetermined. In the meanwhile, it has not been observed to denote either safety or danger, or to have any effect in changing the course of the distemper.

1266. This disease has generally proved fatal; and this indeed may be justly supposed to be the consequence of its nature; but, as we know, that till very lately physicians were not well acquainted with a proper

method of cure ; and that since a more proper method has been known and practised, many have recovered from this disease; it may be therefore concluded, that the fatal tendency of it is not so unavoidable as has been imagined.

In judging of the tendency of this disease, in particular cases, we may remark, that, when arising from lesions of the nerves, it is commonly more violent, and of more difficult cure, than when proceeding from cold; that the disease which comes on suddenly, and advances quickly to a violent degree, is always more dangerous than that which is slower in its progress. Accordingly, the disease often proves fatal before the fourth day; and when a patient has passed this period, he may be supposed to be in greater safety, and in general the disease is the safer the longer it has continued: It is, however, to be particularly observed, that, even for many days after the fourth, the disease continues to be dangerous; and, even after some considerable abatement of its force, it is ready to recur again with its former violence and danger. It never admits of any sudden, or what is called critical solution; but always recedes by degrees only, and it is often very long before the whole of the symptoms disappear.

1267. From the history of the disease now described, it will be evident, that there is no room for distinguishing the *tetanus*, *opisthotonus*, and *trismus*, or *locked jaw*, as different species of this disease, since they all arise from the same causes, and are almost constantly conjoined in the same person. I have no doubt that the *emprosthotonus* belongs also to the same genus; and as the ancients have frequently mentioned it, we can have no doubt of its having occurred: but, at the same time, it is certainly in these days a rare occurrence; and, as I have never seen it, nor find any histories in which this

particular state of the spasms is said to have prevailed, I cannot mention the other circumstances which particularly attend it, and may distinguish it from the other varieties of tetanic complaints.

1268. This disease has put on still a different form from any of those above mentioned. The spasms have been sometimes confined to one side of the body only, and which bend it strongly to that side. This is what has been named by Sauvages the *Tetanus Lateralis*, and by some late writers the *Pleurosthotonus*. This form of the disease has certainly appeared very seldom; and, in any of the accounts given of it, I cannot find any circumstances that would lead me to consider it as any other than a variety of the species already mentioned, or to take further notice of it here.*

1269. The pathology of this disease I cannot in any measure attempt; as the structure of moving fibres, the state of them under different degrees of contraction, and particularly the state of the sensorium, as variously determining the motion of the nervous power, are all matters very imperfectly, or not at all, known to me. In such a situation, therefore, the endeavouring to give any rules of practice, upon a scientific plan, appears to me vain and fruitless; and towards directing the cure of this disease, we must be satisfied with having learned something useful from analogy, confirmed by experience.

1270. When the disease is known to arise from the lesion of a nerve in any part of the body, the first, and,

* Another variety or modification of tetanus consists in its assumption of an *intermitting* character. We once saw a case, in which the spasms ceased to be troublesome about twelve o'clock each night, and did not return until near twelve the next day. The patient took, in the intervals, large quantities of bark, wine, and laudanum, and finally recovered. In this instance, mercurial ointment was also used until a salivation was produced. In no case of tetanus ought mercury to be omitted.

as I judge, the most important step to be taken towards the cure, is, by every possible means, to cut off that part from all communication with the sensorium, either by cutting through the nerves in their course, or perhaps by destroying, to a certain length, their affected part or extremity.

1271. When the cure of the disease is to be attempted by medicine, experience has taught us that opium has often proved an effectual remedy; but that, to render it such, it must be given in much larger quantities than have been employed in any other case; and in these larger quantities, it may, in this disease, be given more safely than the body has been known to bear in any other condition. The practice has been to give the opium either in a solid or liquid form, not in any very large dose at once, but in moderate doses, frequently repeated, at the interval of one, two, three, or more hours, as the violence of the symptoms seem to require. Even when large quantities have been given in this way, it appears that the opium does not operate here in the same manner as in most other cases; for, though it procure some remission of the spasms and pains, it hardly induces any sleep, or occasions that stupor, intoxication, or delirium, which it often does in other circumstances, when much smaller quantities only have been given. It is, therefore, very properly observed, that, in tetanic affections, as the opium shows none of those effects by which it may endanger life, there is little or no reason for being sparing in the exhibition of it; and it may be given, probably should be given, as largely and as fast as the symptoms of the disease may seem to demand.

It is particularly to be observed, that though the first exhibition of the opium may have produced some remission of the symptoms, yet the effects of opium do

not long continue in the system; and this disease being for some time ready to recur, it is commonly very necessary, by the time that the effects of the opium given may be supposed to be wearing off, and especially upon the least appearance of the return of the spasms, to repeat the exhibition of the opium in the same quantities as before. This practice is to be continued while the disease continues to show any disposition to return; and it is only after the disease has already subsisted for some time, and when considerable and long continued remissions have taken place, that the doses of the opium may be diminished, and the intervals of exhibiting them be more considerable.

1272. The administering of opium in this manner, has in many cases been successful; and probably would have been equally so in many others, if the opium had not been too sparingly employed, either from the timidity of practitioners, or from its exhibition being prevented by that interruption of deglutition which so often attends this disease. The latter circumstance directs, that the medicine should be immediately and largely employed upon the first approach of the disease, before the deglutition becomes difficult; or that, if this opportunity be lost, the medicine in sufficient quantity, and with due frequency, should be thrown into the body by glysters; which, however, does not seem to have been hitherto often practised.

1273. It is highly probable, that, in this disease, the intestines are affected with the spasm that prevails so much in other parts of the system; and therefore that costiveness occurs here as a symptom of the disease. It is probably also increased by the opium, which is here so largely employed; and, from which ever of these causes it arises, it certainly must be held to aggravate the disease, and that a relaxation of the intestinal canal

will contribute to a relaxation of the spasms elsewhere. This consideration directs the frequent exhibition of laxatives while the power of deglutition remains, or the frequent exhibition of glysters when it does not; and the goods effects of both have been frequently observed.*

1274. It has been with some probability supposed, that the operation of opium in this disease, may be much assisted by joining with it some other of the most powerful antispasmodics. The most promising are musk and camphor; and some practitioners have been of opinion, that the former has proved very useful in tetanic complaints. But, whether it be from its not having been employed of a genuine kind, or in sufficient quantity, the great advantage and propriety of its use are not yet clearly ascertained. It appears to me probable, that analogous to what happens with respect to opium, both musk and camphor might be employed in this disease, in much larger quantities than they commonly have been in other cases.

1275. Warm bathing has been commonly employed as a remedy in this disease, and often with advantage; but, so far as I know, it has not alone proved a cure; and, in some cases, whether it be from the motion of the body here required, exciting the spasms, or from the fear of the bath, which some persons were seized

* Of the exhibition of purgatives in this disease, we have ourselves never witnessed the salutary effects. Nor, in cases where it arises from external injuries, do we perceive the grounds on which they can be useful. We know they are recommended by respectable authority. Dr. Hamilton, of Edinburgh, represents them as entitled to our highest confidence. But, if they be so, it must, we think, be in cases of tetanus resulting, not from external but internal irritation—cases where the disease originates in the alimentary canal. In such instances, emetics combined with purgatives might add not a little, perhaps, to their efficacy; for, besides giving aid in the removal of irritation, they would contribute to the relaxation and resolution of spasm. But, to be useful in this disease, emetics ought to be frequently administered.

with, I cannot determine; but it is allowed, that the warm bath hath in some cases done harm, and even occasioned death. Partial fomentations have been much commended, and, I believe, upon good grounds: and I have no doubt but that fomentations of the feet and legs, as we now usually apply them in fevers, might, without much stirring of the patient, be very assiduously employed with advantage.*

1276. Unctuous applications were very frequently employed in this disease by the ancients; and some modern practitioners have considered them as very useful. Their effects, however, have not appeared to be considerable; and, as a weak auxiliary only, attended with some inconvenience, they have been very much neglected by the British practitioners.

1277. Bleeding has been formerly employed in this disease; but of late it has been found prejudicial, excepting in a few cases, where, in plethoric habits, a fever has supervened. In general, the state of men's bodies in warm climates is unfavourable to blood-letting: and, if we may form indications from the state of the blood drawn out of the veins, the state of this in tetanic diseases would forbid bleeding in them.†

1278. Blistering also has been formerly employed in this disease; but several practitioners assert, that blisters are constantly hurtful, and they are now generally omitted.

1279. These are the practices that hitherto have been generally employed; but of late we are informed

* We believe the remedies recommended in this article to be wholly unavailing.

† At the commencement of this disease, we have seen blood-letting practised, in plethoric subjects, with evident advantage; and, as already mentioned, the blood was sizy. Hence, as in other complaints, regard must be paid to the state of the system. Besides, blood-letting is known to facilitate the operation of other remedies.

by several West India practitioners, that in many instances they have employed mercury with great advantage. We are told, that it must be employed early in the disease; that it is most conveniently administered by unction, and should be applied in that way in large quantities, so that the body may be soon filled with it, and a salivation raised, which is to be continued till the symptoms yield. Whether this method alone be generally sufficient for the cure of the disease, or if it may be assisted by the use of opium, and require this in a certain measure to be joined with it, I have not yet certainly learned.

1280. I have been further informed, that the tetanus, in all its different degrees, has been cured by giving internally the *Pissilæum Barbadense*, or, as it is vulgarly called, the *Barbadoes Tar*. I think it proper to take notice of this here, although I am not exactly informed what quantities of this medicine are to be given, or in what circumstances of the disease it is most properly to be employed.

1281. In the former edition of this work, among the remedies of tetanus I did not mention the use of cold bathing; because, though I heard of this, I was not informed of such frequent employment of it as might confirm my opinion of its general efficacy; nor was I sufficiently informed of the ordinary and proper administration of it. But now, from the information of many judicious practitioners who have frequently employed it, I can say, that it is a remedy which in numerous trials has been found to be of great service in this disease; and that, while the use of the ambiguous remedy of warm bathing is entirely laid aside, the use of cold bathing is over the whole of the West Indies commonly employed. The administration of it is sometimes by bathing the person in the sea, or more frequently by

throwing cold water from a basin or bucket upon the patient's body, and over the whole of it: when this is done, the body is carefully wiped dry, wrapped in blankets, and laid abed, and at the same time a large dose of an opiate is given. By these means a considerable remission of the symptoms is obtained; but this remission, at first, does not commonly remain long, but returning again in a few hours, the repetition both of the bathing and the opiate becomes necessary. By these repetitions, however, longer intervals of ease are obtained, and at length the disease is entirely cured; and this even happens sometimes very quickly. I have only to add, that it does not appear to me, from any accounts I have yet had, that the cold bathing has been so frequently employed, or has been found so commonly successful in the cases of tetanus in consequence of wounds, as in those from the application of cold.*

* We believe the remark of our author at the close of this article to be correct. The use of the cold bath has not been found so successful in tetanus from wounds, as in that arising from other causes.

Whatever may be the case elsewhere, it is well known, that, in the United States, cold bathing cannot be relied on for the cure of tetanus. Although the spasms may appear to be, for a short time, relaxed by the shock, they soon return with equal, if not augmented violence.

As far as the experience of the physicians of Philadelphia enables us to speak, opium, wine and mercury, appear to be the only remedies on which any confident reliance can be placed in the treatment of tetanus. Of these, the two former retard the progress of the disease, preventing exhaustion and death, from the violence of the spasms, until the latter has had time to eradicate it entirely, by converting the tetanic into the mercurial action. Opium and wine, being, in their natures, rather palliative than curative remedies, are insufficient of themselves, without mercury; while, without their aid, mercury is too slow in its operation to arrest the rapid march of the disease. Hence, we neither know of any one case of tetanus in this city being cured by the exhibition of mercury alone, nor of many, in which the mercurial action did not take effect.

The usual and best preventives of tetanus from external injuries, consist in the conversion of punctured into incised wounds, by means of the scalpel, and the excitement of suppuration in wounds that are lacerated. These things, if done immediately after the injuries have been received, and before the occurrence of tetanic symptoms, are of high importance; but, they are

1282. Before concluding this chapter, it is proper for me to take some notice of that peculiar case of the te-

worse, perhaps, than nugatory—they are nothing, in general, but useless torture, if delayed until the disease shall have made its appearance. When the tetanic diathesis is fairly formed, all local applications to the injured part, are unavailing: even the amputation of the limb itself has been found insufficient to arrest the complaint.

Should circumstances exist to prevent the dilatation of a punctured wound, the application of ley, blisters, or sinapisms to the part, is the best substitute. Whatever is calculated to excite *common inflammation*, is now useful.

For the production of the suppurative action, in lacerated wounds, ley, spirits of turpentine, or a solution of corrosive sublimate, followed by poultices frequently repeated, are the best applications. Tincture of cantharides and lunar caustic, have been successfully used for the same purpose.

When, from a neglect of preventive remedies, or, in spite of their use, tetanus has made its appearance, a different course of practice must be commenced and pursued. It is now, that, to the state of the system, a strict and steady attention is to be paid.

If the patient be plethoric, and the excitement high; or, if the latter condition exist, even without the former, blood must be drawn, and the operation repeated, as circumstances may require. If costiveness prevail, and any irritation in the bowels be suspected, purgatives are to be administered, as in other cases.

But, as already stated, as soon as the condition of the system will admit of them, wine, opium, and mercury, are the remedies on which we must chiefly rely.

On some occasions, tetanus is reported to have been cured by wine alone. But such cases we have never witnessed. The quantity of wine used, in these instances, is said to have been great.

In the treatment of this disease, opium and mercury must be administered, not with a rigid regard to quantity, but according to their effects. They must be pushed until the system shall have forcibly felt their action, or their exhibition will be unavailing.

Unless opium be given, until the prevailing spasms shall have been subdued by it, that the mercury may have an opportunity to act, it is given to no purpose; and if the mercury be not administered in such quantities as to salivate, the tetanic diathesis will not be removed.

It is Dr. Physick's practice—and we cannot cite higher authority—to administer opium in injections, in doses of from five to eight grains, repeated at short intervals, until the spasms be overcome, and somewhat of a soporific effect produced; applying, in the mean time, to various parts of the body, large quantities of mercurial ointment.

The spasms being subdued, he relaxes in the use of opium, until they manifest a disposition to return; when he immediately recurs to the same remedy, and in similar doses. In the meantime, the application of the mer-

tanus, or trismus, which attacks certain infants soon after their birth, and has been properly enough named the Trismus Nascentium. From the subjects it affects, it seems to be a peculiar disease; for these are infants not above two weeks, and commonly before they are nine days old; insomuch that, in countries where the disease is frequent, if children pass the period now mentioned, they are considered as secure against its attacks. The symptom of it chiefly taken notice of, is the trismus, or locked jaw, which is by the vulgar improperly named the falling of the jaw. But this is not the only symptom, as, for the most part, it has all the same symptoms as the Opisthotonus and Tetanus strictly so called, and which occur in the other varieties of tetanic complaints above described. Like the other varieties of tetanus, this is most frequent in warm climates, but it is not, like those arising from the application of cold, entirely confined to such warm climates, as instances of it have occurred in most of the northern countries of Europe. In these latter it seems to be more frequent

curial ointment is continued, until a ptyalism be produced; when the patient is considered, in some measure, out of danger.

Still, however, great vigilance is necessary on the part of the practitioner, lest, as is sometimes the case, the salivation should cease, and the disease return; under which circumstances, the same course must be again pursued, even, at times, with augmented vigour.

Dr. Physick prefers giving the opium by injection, in consequence of the difficulty of swallowing, which the patient usually experiences. If requisite, he conveys aliment into the stomach by means of a tube, which he carefully introduces into that organ.

The action of opium is said to be increased, if the exhibition of that remedy be alternated with that of the carbonate of potash.

As aids to opium, in the treatment of tetanus, musk and camphor have been exhibited, in large doses, and, according to report, with beneficial effects. We have ourselves made trial of them, but never with any decided advantage.

Believing all minor remedies to be useless, in our attempts to subdue this disease, we leave the reader to acquire a knowledge of them from other sources.

in certain districts than in others; but in what manner limited, I cannot determine. It seems to be more frequent in Switzerland than in France. I am informed of its frequently occurring in the highlands of Scotland; but I have never met with any instance of it in the low country. The particular causes of it are not well known; and various conjectures have been offered; but none of them are satisfying. It is a disease that has been almost constantly fatal; and this, also, commonly in the course of a few days. The women are so much persuaded of its inevitable fatality, that they seldom or never call for the assistance of our art. This has occasioned our being little acquainted with the history of the disease, or with the effects of remedies in it. Analogy, however, would lead us to employ the same remedies that have proved useful in the other cases of tetanus; and the few experiments that are yet recorded, seem to approve of such a practice.

CHAPTER II.

OF EPILEPSY.*

1283. IN what sense I use the term *Convulsion*, I have explained above in 1256.

* It is unfortunate for our author, that the obscurity and insufficiency of his reasonings on the nature of diseases, are oftentimes great, in proportion to his zeal and exertions to render them otherwise. Nor is this more strikingly the case in any instance, than in that which is, at present, immediately before us. To say the least, his *failure* to shed light on the pathology of Epilepsy, is not surpassed by any other that occurs in the compass of his works.

We acknowledge our inability to supply, in a manner satisfactory to ourselves, the professor's deficiency. With the philosophy of epilepsy, which has hitherto eluded the keenest investigations, we are far from possessing a

The convulsions that affect the human body are in several respects various; but I am to consider here only

particular acquaintance. Of this point, we may truly, and with propriety, say, *adhuc latet*; although it would be wrong in us to add, in a spirit of dependency, *semperque latebit*. We shall not, however, by dwelling on the subject, add to the number of unsuccessful efforts, that have been already made with a view to its elucidation.

We shall simply observe, that epilepsy is one of those diseases, supposed to be connected with lunar influence, on account of its occurring, in many cases, with a precise correspondence to the position of the moon. Of this there are recorded innumerable instances, in the writings of physicians. It is the result of local irritation, existing, at times, perhaps, in different parts of the body; but, most frequently, we think, in some portion of the alimentary canal. Hence, the great importance of frequent and copious purging, in its cure; a remedy, on which some writers advise us to place our whole reliance.

In infants and children, we have rarely seen a case of epilepsy, that we could not distinctly trace to the irritation of dentition, which extends itself throughout the whole of the primæ viæ, to improper feeding, either as to the quantity or quality of food, or to the action of the variolous, or some other febrile poison, on the stomach. In these cases, it is well known, that the scarification of the gums, blood-letting, to guard against immediate danger, and liberal purging, constitute our most efficacious, not to say, our only remedies. The indiscriminate plunging of children into warm water, under such circumstances, is, to say the least, a doubtful practice.

In adults, the original irritation, although generally situated in some part of the alimentary canal, is referable, at times, to other parts of the body. In the brain, however, it very rarely, if ever exists.

An extraneous body, such as a ball or a splinter, lodged in contact with a nerve, a tendon, a membrane, or some other highly irritable organ, is known to have been frequently the cause of epilepsy. In such cases, the cure of the disease follows the extraction of the offending substance.

When the epileptic diathesis occurs in infancy, it is usually removed, by the changes that take place about the age of puberty. Instances of this description must fall under the notice of every physician.

We know, in Philadelphia, a family consisting of four children, each one of which, when young, has been subject to epilepsy. But in none of them has the diathesis continued longer, than till about the fourteenth year. They have all enjoyed, since that period, unusual health, and are all possessed of great acuteness and strength of intellect.

Habitual epilepsy in an adult, is among the most obstinate and unpromising of diseases. It appears oftentimes to depend on some peculiarity of organization; and is, hence, transmitted from parent to child; for it may be included in the number of hereditary complaints. We may add, that, when inherited, the difficulty of completely eradicating it is the greater.

In commencing the treatment of this terrible malady, the first step is, to evacuate thoroughly the alimentary canal. For this purpose, active purga-

the chief and most frequent form in which they appear, and which is in the disease named *Epilepsy*. This may

tives should receive a preference. If indicated by plethora, or the state of the pulse, venesection may also be employed.

Then may follow, such a course of tonics, as appears to be accommodated to the state of the system. Bark and chalybeates, exhibited in doses as large as the stomach can bear, with the occasional use of opium, and asafoetida, are said to have been, at times, productive of a cure. During the continuance of this course, the diet should be nutritive, but not heating. Such exercise ought also to be taken, in the open air, as may be best calculated to aid in giving strength to the system. Two cloves of garlic, taken three or four times a day, and continued for several months, are said to have proved efficacious in the removal of epilepsy.

Cuprum ammoniacum, flowers of zinc, and nitrate of silver, are all, in their turn, reported to have been instrumental in the eradication of this disease.

The same thing is said of arsenic, taken in such doses as the stomach can bear, and frequently repeated, until it shall have produced on the system its characteristic effects.

By certain European writers, high encomiums are bestowed on the use of spirits of turpentine, in doses of from two to four drachms a day. To be effectual, it must be continued a considerable time.

By Dr. Chapman, and other practitioners in this city, the same remedy has been repeatedly used, in the treatment of epilepsy, with very salutary effects.

The doses here administered, have rarely, we believe, exceeded, in quantity, two drachms a day.

In cases where epilepsy has occurred at regular periods, opium, taken in large doses, a few hours before the time of the expected paroxysms, has been efficacious; first, in the prevention of single fits, and ultimately in the entire removal of the disease. In these instances, the complaint must have been continued on the principle of habit.

A mercurial ptyalism, continued for several weeks; then suffered to decline, and again renewed; until three or four courses have been undergone, is recommended as a radical cure for epilepsy. In some instances, we believe this practice has succeeded; in others, we know it has failed.

An entire change of life, from a sumptuous to an abstemious; and from an indolent and easy to an active and laborious one, has cured epilepsy. When enjoying, at his ease, the luxuries and pleasures of the Roman capital, Cæsar was subject to this disease; but never experienced a fit of it, during the toils and solicitudes of an active campaign.

We once knew a case of aura epileptica to be completely cured, by the application of a caustic to the spot from which the aura appeared to proceed.

A severe attack of small-pox is said to have removed the epileptic diathesis. The same thing is reported of measles and the itch. This shows the powerful effect of cutaneous irritation, and, of giving to action a centrifugal tendency, in the cure of diseases proceeding from within.

be defined, as consisting in convulsions of the greater part of the muscles of voluntary motion, attended with a loss of sense, and ending in a state of insensibility and seeming sleep.

1284. The general form or principal circumstances of this disease, are much the same in all the different persons whom it affects. It comes by fits, which often attack persons seemingly in perfect health; and, after lasting for some time, pass off, and leave the persons again in their usual state. These fits are sometimes preceded by certain symptoms, which, to persons who have before experienced such a fit, may give notice of its approach, as we shall hereafter explain; but even these preludes do not commonly occur long before the formal attack, which in most cases comes on suddenly without any such warning.

The person attacked loses suddenly all sense and power of motion; so that, if standing, he falls immediately, or, perhaps, with convulsions, is thrown to the ground. In that situation he is agitated with violent con-

The cold bath, long journeys, voyages by sea, and change of country, have given relief in epilepsy: we do not know that they ever have cured it.

This complaint is known to have sometimes proceeded from a suppression of piles. In such a case, the most promising remedy consists in the application of leeches to the haemorrhoidal vessels.

In the treatment of epilepsy, to preserve healthy cutaneous action, is of great moment. Hence, the wearing of flannel, or fleecy hosiery, next to the skin, should never be neglected.

Epilepsy has been observed, in some instances, to give way to, or to alternate with, chronic diarrhoea.

The hint being derived from this circumstance, that disease has been successfully treated by purgatives, so administered, as to keep up an artificial diarrhoea for months.

During this course, the diet must be strictly regulated, and, if the habit be sanguineous and the blood-vessels full, venesection *pro re nata* must be practised.

Emetics, repeated daily, or every other day, for a great length of time, aided by opiates administered just before the period of the expected paroxysm, are said to have proved successful in the removal of epilepsy. Such a course is not without promise.

vulsions, variously moving his limbs and the trunk of his body. Commonly the limbs on one side of the body are more violently, or more considerably agitated than those upon the other. In all cases the muscles of the face and eyes are much affected, exhibiting various and violent distortions of the countenance. The tongue is often affected, and thrust out of the mouth; while the muscles of the lower jaw are also affected; and, shutting the mouth with violence while the tongue is thrust out between the teeth, that is often grievously wounded.

While these convulsions continue, there is commonly at the same time a frothy moisture issuing from the mouth. These convulsions have for some moments some remissions, but are suddenly again renewed with great violence. Generally, after no long time, the convulsions cease altogether; and the person for some time remains without motion, but in a state of absolute insensibility, and under the appearance of a profound sleep. After some continuance of this seeming sleep, the person sometimes suddenly, but for the most part by degrees only, recovers his senses and power of motion; but without any memory of what had passed from his being first seized with the fit. During the convulsions, the pulse and respiration are hurried and irregular; but, when the convulsions cease, they return to their usual regularity and healthy state.

This is the general form of the disease: and it varies only in different persons, or on different occasions in the same person, by the phenomena mentioned being more or less violent, or by their being of longer or shorter duration.

1285. With respect to the proximate cause of this disease, I might say, that it is an affection of the energy of the brain, which, ordinarily under the direction of the will, is here, without any concurrence of it, impelled

by preternatural causes. But I could go no farther: for, as to what is the mechanical condition of the brain in the ordinary exertions of the will, I have no distinct knowledge; and therefore must be also ignorant of the preternatural state of the same energy of the brain under the irregular motions here produced. To form, therefore, the indications of a cure from a knowledge of the proximate cause of this disease, I must not attempt, but, from a diligent attention to the remote causes which first induce and occasionally excite the disease, I think we may often obtain some useful directions for its cure. It shall therefore be my business now to point out and enumerate these remote causes as well as I can.

1286. The remote causes of epilepsy may be considered as occasional or predisponent. There are, indeed, certain remote causes which act independently of any predisposition; but, as we cannot always distinguish these from the others, I shall consider the whole under the usual titles of *Occasional* or *Predisponent*.

1287. The occasional causes may, I think, be properly referred to two general heads; the *first* being of those which seem to act by directly stimulating and exciting the energy of the brain; and the *second*, of those which seem to act by weakening the same. With respect to both, for the brevity of expressing a fact, without meaning to explain the manner in which it is brought about, I shall use the terms of *Excitement* and *Collapse*. And though it be true, that with respect to some of the causes I am to mention, it may be a little uncertain whether they act in the one way or the other, that does not render it improper for us to mark, with respect to others, the mode of their operating, wherever we can do it clearly, as the doing so may often be of use in directing our practice.

1288. First, then, of the occasional causes acting by excitement: they are either such as act immediately and directly upon the brain itself; or those which are first applied to the other parts of the body, and are from thence communicated to the brain.

1289. The causes of excitement immediately and directly applied to the brain, may be referred to the four heads of, 1. Mechanical Stimulants; 2. Chemical Stimulus; 3. Mental Stimulants; and, 4. The peculiar Stimulus of Over Distention.

1290. The mechanical stimulants may be, wounding instruments penetrating the cranium, and entering the substance of the brain; or splinters of a fractured cranium, operating in the same manner; or sharp-pointed ossifications, either arising from the internal surface of the cranium, or formed in the membranes of the brain.

1291. The chemical stimulants (1289.) may be fluids from various causes lodged in certain parts of the brain, and become acrid by stagnation or otherwise.*

1292. The mental irritations acting by excitement, are, all violent emotions of the active kind, such as joy and anger. The first of these is manifestly an exciting power, acting strongly, and immediately, on the energy of the brain. The second is manifestly, also, a power acting in the same manner. But it must be remarked, that it is not in this manner alone anger produces its effects: for it acts, also, strongly on the sanguiferous system, and may be a means of giving the stimulus of over distention; as, under a fit of anger, the blood is

* The error and coarseness of this doctrine are shocking—the more so, as our author professed to have rejected the humoral pathology, and to have become the leader of the sect of modern solidists.

To readers in the slightest degree versed in sound physiology, we need not observe, that no fluids ever become acrimonious, by stagnating in any part of the brain, so as chemically to irritate that organ. A specimen of humoralism more gross and preposterous than this is no where to be found.

impelled into the vessels of the head with violence, and in a larger quantity.

1293. Under the head of Mental Irritations, is to be mentioned, the sight of persons in a fit of epilepsy, which has often produced a fit of the like kind in the spectator. It may, indeed, be a question, Whether this effect be imputable to the horror produced by a sight of the seemingly painful agitations of the limbs, and of the distortions in the countenance of the epileptic person; or if it may be ascribed to the force of imitation merely? It is possible, that horror may sometimes produce the effect: but certainly much may be imputed to that propensity to imitation, at all times so powerful and prevalent in human nature: and so often operating in other cases of convulsive disorders, which do not present any spectacle of horror.

1294. Under the same head of Mental Irritation, I think proper to mention as an instance of it, the *Epilepsia Simulata*, or the *Feigned Epilepsy*, so often taken notice of. Although this, at first, may be entirely feigned, I have no doubt but that the repetition renders it at length real. The history of *Quietism* and of *Exorcisms* leads me to this opinion: and which receives a confirmation from what we know of the power of imagination, in renewing epileptic and hysterick fits.

1295. I come now to the fourth head of the irritations applied immediately to the brain, and which I apprehend to be that of the *Over Distention* of the blood-vessels in that organ. That such a cause operates in producing epilepsy, is probable from this, that the dissections of persons dead of epilepsy, have commonly discovered the marks of a previous congestion in the blood-vessels of the brain. This perhaps may be supposed the effect of the fit which proved fatal: but that the congestion was previous thereto, is probable from the

epilepsy being so often joined with headach, mania, palsy, and apoplexy; all of them diseases depending upon a congestion in the vessels of the brain. The general opinion receives also confirmation from this circumstance, that, in the brain of persons dead of epilepsy, there have been often found tumours and effusions, which though seemingly not sufficient to produce those diseases which depend on the compression of a considerable portion of the brain, may, however, have been sufficient to compress so many vessels as to render the others, upon any occasion of a more than usual turgescence, or impulse of the blood into the vessels of the brain, more liable to an over distention.

1296. These considerations alone might afford foundation for a probable conjecture with respect to the effects of over distention. But the opinion does not rest upon conjecture alone. That it is also founded in fact, appears from hence, that a plethoric state is favourable to epilepsy; and that every occasional turgescence, or unusual impulse of the blood into the vessels of the brain, such as a fit of anger, the heat of the sun, or of a warm chamber, violent exercise, a surfeit, or a fit of intoxication, are frequently the immediate exciting causes of epileptic fits.

1297. I venture to remark further, that a piece of theory may be admitted as a confirmation of this doctrine. As I have formerly maintained, that a certain fulness and tension of the vessels of the brain is necessary to the support of its ordinary and constant energy, in the distribution of the nervous power; so it must be sufficiently probable, that an over distention of these blood-vessels may be a cause of violent excitement.

1298. We have now enumerated the several remote or occasional causes of epilepsy, acting by excitement,

and acting immediately upon the brain itself. Of the causes acting by excitement, but acting upon other parts of the body, and from thence communicated to the brain, they are all of them impressions producing an exquisite or high degree either of pleasure or pain.

Impressions which produce neither the one nor the other, have hardly any such effects; unless when such impressions are in a violent degree, and then their operations may be considered as a mode of pain. It is, however, to be remarked, that all strong impressions which are sudden and surprising, or, in other words, unforeseen and unexpected, have frequently the effect of bringing on epileptic fits.

1299. There are certain impressions made upon different parts of the body, which as they often operate without producing any sensation, so it is uncertain to what head they belong: but it is probable that the greater part of them act by excitement, and therefore fall to be mentioned here. The chief instances are, the teething of infants; worms; acidity or other acrimony in the alimentary canal; calculi in the kidneys; acrid matter in abscesses or ulcers; or acrimony diffused in the mass of blood, as in the case of some contagions.

1300. Physicians have found no difficulty in comprehending how direct stimulants, of a certain force, may excite the action of the brain, and occasion epilepsy: but they have hitherto taken little notice of certain causes which manifestly weaken the energy of the brain, and act, as I speak, by collapse. These, however, have the effect of exciting the action of the brain in such a manner as to occasion epilepsy. I might upon this subject, speak of the *vis medicatrix naturæ*; and there is a foundation for the term; but, as I do not admit the Stahlian doctrine of an administering soul, I

make use of the term only as expressing a fact, and would not employ it with the view of conveying an explanation of the manner in which the powers of collapse mechanically produce their effects. In the mean time, however, I maintain, that there are certain powers of collapse which in effect prove stimulants, and produce epilepsy.

1301. That there are such powers, which may be termed Indirect Stimulants, I conclude from hence, that several of the causes of epilepsy are such as frequently produce syncope, which we suppose always to depend upon causes weakening the energy of the brain, (1176.) It may give some difficulty to explain why the same causes sometimes occasion syncope, and sometimes occasion the reaction that appears in epilepsy; and I shall not attempt to explain it: but this, I think, does not prevent my supposing that the operation of these causes is by collapse. That there are such causes producing epilepsy, will, I think, appear very clearly from the particular examples of them I am now to mention.

1302. The first to be mentioned, which I suppose to be of this kind, is hæmorrhagy, whether spontaneous or artificial. That the same hæmorrhagy which produces syncope, often at the same time produces epilepsy, is well known; and from many experiments and observations it appears, that hæmorrhagies occurring to such a degree as to prove mortal, seldom do so without first producing epilepsy.

1303. Another cause acting, as I suppose, by collapse, and therefore sometimes producing syncope, and sometimes epilepsy, is terror; that is, the fear of some great evil suddenly presented. As this produces at the same time a sudden and considerable emotion, (1180.) so it more frequently produces epilepsy than syncope.

1304. A third cause acting by collapse, and produc-

ing epilepsy, is horror; or a strong aversion suddenly raised by a very disagreeable sensation, and frequently arising from a sympathy with the pain or danger of another person. As horror is often a cause of syncope, there can be no doubt of its manner of operating in producing epilepsy; and it may perhaps be explained upon this general principle, That as desire excites action and gives activity, so aversion restrains from action, that is, weakens the energy of the brain; and, therefore, that the higher degrees of aversion may have the effects of producing syncope or epilepsy.

1305. A fourth set of the causes of epilepsy, which I suppose also to act by collapse, are certain odours, which occasion either syncope or epilepsy; and, with respect to the former, I have given my reasons (1182.) for supposing odours in that case to act rather as disagreeable than as sedative. These reasons will, I think, also apply here; and perhaps the whole affair of odours might be considered as instances of the effect of horror, and therefore belonging to the last head.

1306. A fifth head of the causes producing epilepsy by collapse, is the operation of many substances considered, and for the most part properly considered, as poisons. Many of these, before they prove mortal, occasion epilepsy. This effect, indeed, may in some cases be referred to the inflammatory operation which they sometimes discover in the stomach, and other parts of the alimentary canal; but, as the greater part of the vegetable poisons show chiefly a narcotic, or strongly sedative power, it is probably by this power that they produce epilepsy, and therefore belong to this head of the causes acting by collapse.

1307. Under the head of the remote causes producing epilepsy, we must now mention that peculiar one whose operation is accompanied with what is called the

Aura Epileptica. This is a sensation of something moving in some part of the limbs or trunk of the body, and from thence creeping upwards to the head; and when it arrives there, the person is immediately deprived of sense, and falls into an epileptic fit. This motion is described by the persons feeling it sometimes as a cold vapor, sometimes as a fluid gliding, and sometimes as the sense of a small insect creeping along their body; and very often they can give no distinct idea of their sensation, otherwise than as in general of something moving along. This sensation might be supposed to arise from some affection of the extremity or other part of a nerve acted upon by some irritating matter; and that the sensation, therefore, followed the course of such a nerve: but I have never found it following distinctly the course of any nerve; and it generally seems to pass along the teguments. It has been found in some instances to arise from something pressing upon or irritating a particular nerve, and that sometimes in consequence of contusion or wound: but instances of these are more rare: and the more common consequence of contusions and wounds is a tetanus. This latter effect wounds produce, without giving any sensation of an aura or other kind of motion proceeding from the wounded part to the head: while on the other hand, the aura producing epilepsy, often arises from a part which had never been affected with wound or contusion, and in which part the nature of the irritation can seldom be discovered. It is natural to imagine that this aura epileptica is an evidence of some irritation or direct stimulus acting in the part, and from thence communicated to the brain, and should therefore have been mentioned among the causes acting by excitement; but the remarkable difference that occurs in seemingly like

causes producing tetanus, gives some doubt on this subject.

1308. Having now enumerated the occasional causes of epilepsy, I proceed to consider the predisponent. As so many of the above mentioned causes act upon certain persons, and not at all upon others, there must be supposed in those persons a predisposition to this disease: but in what this predisposition consists, is not easily to be ascertained.

1309. As many of the occasional causes are weak impressions, and are applied to most persons with little or no effect, I conclude, that the persons affected by those causes are more easily moved than others; and therefore that, in this case a certain mobility gives the predisposition. It will, perhaps, make this matter clearer, to show, in the first place, that there is a greater mobility of constitution in some persons than in others.

1310. This mobility appears most clearly in the state of the mind. If a person is readily elated by hope, and as readily depressed by fear, and passes easily and quickly from the one state to the other; and if he is easily pleased, and prone to gaiety, and as easily provoked to anger, and rendered peevish; if liable, from slight impressions, to strong emotions, but tenacious of none; this is the boyish temperament *qui colligit ac ponit iram temere, et mutat in horas*; this is the *varium et mutabile foemina*; and, both in the boy and woman, every one perceives and acknowledges a mobility of mind. But this is necessarily connected with an analogous state of the brain; that is, with a mobility in respect of every impression, and therefore liable to a ready alteration of excitement and collapse, and of both to a considerable degree.

1311. There is, therefore, in certain persons, a mobility of constitution, generally derived from the state

of original stamina, and more exquisite at a certain period of life than at others; but sometimes arising from, and particularly modified by, occurrences in the course of life.

1312. This mobility consists in a greater degree of either sensibility or irritability. These conditions, indeed, physicians consider as so necessarily connected that the constitution, with respect to them, may be considered as one and the same: but I am of opinion that they are different; and that mobility may sometimes depend upon an increase of the one and sometimes on that of the other. If an action excited, is by repetition rendered more easily excited, and more vigorously performed, I consider this as an increase of irritability only. I go no further on this subject here, as it was only necessary to take notice of the case just now mentioned, for the purpose of explaining why epilepsy, and convulsions of all kinds, by being repeated, are more easily excited, readily become habitual, and are therefore of more difficult cure.

1313. However we may apply the distinction of sensibility and irritability, it appears that the mobility, which is the predisponent cause of epilepsy, depends more particularly upon debility, or upon a plethoric state of the body.

1314. What share debility, perhaps by inducing sensibility, has in this matter, appears clearly from hence, that children, women, and other persons of manifest debility, are the most frequent subjects of this disease.

1315. The effects of a plethoric state in disposing to this disease appears from hence, that plethoric persons are frequently the subjects of it: that it is commonly excited, as I have said above, by the causes of any unusual turgescence of the blood; and that it has been fre-

quently cured by diminishing the plethoric state of the body.

That a plethoric state of the body should dispose to this disease, we may understand from several considerations. *1st*, Because a plethoric state implies, for the most part, a laxity of the solids, and therefore some debility in the moving fibres. *2dly*, Because, in a plethoric state, the tone of the moving fibres depends more upon their tension, than upon their inherent power: and as their tension depends upon the quantity and impetus of the fluids in the blood-vessels, which are very changeable, and by many causes frequently changed, so these frequent changes must give a mobility to the system. *3dly*, Because a plethoric state is favourable to a congestion of blood in the vessels of the brain, it must render these more readily affected by every general turgescence of the blood in the system, and therefore more especially dispose to this disease.

1316. There is another circumstance of the body disposing to epilepsy, which I cannot so well account for; and that is the state of sleep: but whether I can account for it or not, it appears, in fact, that this state gives the disposition I speak of: for, in many persons liable to this disease, the fits happen only in the time of sleep, or immediately upon the person's coming out of it. In a case related by De Haen, it appeared clearly, that the disposition to epilepsy depended entirely upon the state of the body in sleep.

1317. Having thus considered the whole of the remote causes of epilepsy, I proceed to treat of its cure, as I have said it is from the consideration of those remote causes only that we can obtain any directions for our practice in this disease. I begin with observing, that as the disease may be considered as sympathetic or idiopathic, I must treat of these separately, and judge it proper to begin with the former.

1318. When this disease is truly sympathetic, and depending upon a primary affection in some other part of the body, such as acidity or worms in the alimentary canal, teething, or other similar causes, it is obvious, that such primary affections must be removed for the cure of the epilepsy; but it is not our business here to say how these primary diseases are to be treated.

1319. There is, however, a peculiar case of sympathetic epilepsy; that is, the case accompanied with the *aura epileptica*, as described in 1307, in which, though we can perceive by the *aura epileptica* arising from a particular part, that there is some affection in that part; yet, as in many such cases, we cannot perceive of what nature the affection is, I can only offer the following general directions.

1st, When the part can with safety be entirely destroyed, we should endeavour to do so by cutting it out, or by destroying it by the application of an actual or potential cautery.

2dly, When the part cannot be properly destroyed, that we should endeavour to correct the morbid affection in it by blistering, or by establishing an issue upon the part.

3dly, When these measures cannot be executed, or do not succeed, if the disease seems to proceed from the extremity of a particular nerve which we can easily come at in its course, it will be proper to cut through that nerve, as before proposed on the subject of tetanus.

4thly, When it cannot be perceived that the *aura* arises from any precise place or point, so as to direct to the above mentioned operations; but, at the same time, we can perceive its progress along the limb; it frequently happens that the epilepsy can be prevented by a ligature applied upon the limb, above the part from which the *aura* arises; and this is always proper to be done,

both because the preventing a fit breaks the habit of the disease, and because the frequent compression renders the nerves less fit to propagate the *aura*.

1320. The cure of idiopathic epilepsy, as I have said above, is to be directed by our knowledge of the remote causes. There are therefore two general indications to be formed. The first is, to avoid the occasional causes; and the second is, to remove or correct the predisponent.

This method, however, is not always purely palliative; as in many cases the predisponent may be considered as the only proximate cause, so our second indication may be often considered as properly curative.

1321. From the enumeration given above, it will be manifest, that for the most part the occasional causes, so far as they are in our power, need only to be known, in order to be avoided; and the means of doing this will be sufficiently obvious. I shall here, therefore, offer only a few remarks.

1322. One of the most frequent of the occasional causes is that of over distention, (1314.) which, so far as it depends upon a plethoric state of the system, I shall say hereafter how it is to be avoided. But as, not only in the plethoric, but in every moveable constitution, occasional turgescence is a frequent means of exciting epilepsy, the avoiding therefore of such turgescence is what ought to be most constantly the object of attention to persons liable to epilepsy.

1323. Another of the most frequent exciting causes of this disease are, all strong impressions suddenly made upon the senses; for as such impressions, in moveable constitutions, break in upon the usual force, velocity, and order of the motions of the nervous system, they thereby readily produce epilepsy. Such impressions therefore, and especially those which are suited to ex-

cite any emotion or passion of the mind, are to be most carefully guarded against by persons liable to epilepsy.

1324. In many cases of epilepsy, where the predisponent cause cannot be corrected or removed, the recurrence of the disease can only be prevented by the strictest attention to avoid the occasional; and as the disease is often confirmed by repetition and habit, so the avoiding the frequent recurrence of it is of the utmost importance towards its cure.

These are the few remarks I have to offer with respect to the occasional causes; and must now observe, that, for the most part, the complete, or, as it is called, the radical cure, is only to be obtained by removing or correcting the predisponent cause.

1325. I have said above, that the predisponent cause of epilepsy is a certain mobility of the sensorium; and that this depends upon a plethoric state of the system, or upon a certain state of the debility in it.

1326. How the plethoric state of the system is to be corrected, I have treated of fully above in 781. *et seq.* and I need not repeat it here. It will be enough to say, that it is chiefly to be done by a proper management of exercise and diet; and, with respect to the latter, it is particularly to be observed here, that an abstemious course has been frequently found to be the most certain means of curing epilepsy.

1327. Considering the nature of the matter poured out by issues, these may be supposed to be a constant means of obviating the plethoric state of the system; and it is, perhaps, therefore, that they have been so often found useful in epilepsy. Possibly, also, as an open issue may be a means of determining occasional turgescences to such places, and therefore of diverting them in some measure from their action upon the brain; so also, in this manner, issues may be useful in epilepsy.

1328. It might be supposed that blood-letting would be the most effectual means of correcting the plethoric state of the system; and such it certainly proves when the plethoric state has become considerable, and immediately threatens morbid effects. It is, therefore, in such circumstances, proper and necessary: but as we have said above, that blood-letting is not the proper means of obviating a recurrence of the plethoric state, and, on the contrary, is often the means of favouring it; so it is not a remedy advisable in every circumstance of epilepsy. There is, however, a case of epilepsy in which there is a periodical or occasional recurrence of the fulness and turgescence of the sanguiferous system, giving occasion to a recurrence of the disease. In such cases, when the means of preventing plethora have been neglected, or may have proved ineffectual, it is absolutely necessary for the practitioner to watch the returns of these turgescences, and to obviate their effects by the only certain means of doing it, that is, by a large blood-letting.

1369. The second cause of mobility which we have assigned, is a state of debility. If this is owing, as it frequently is, to original conformation, it is perhaps not possible to cure it; but when it has been brought on in the course of life, it possibly may admit of being mended; and, in either case, much may be done to obviate and prevent its effects.

1330. The means of correcting debility, so far as it can be done, are, the person's being much in cool air; the frequent use of cold bathing; the use of cold exercise, adapted to the strength and habits of the person; and, perhaps, the use of astringent and tonic medicines.

These remedies are suited to strengthen the inherent power of the solids or moving fibres: but as the strength

of these depends also upon their tension, so when debility has proceeded from inanition, the strength may be restored, by restoring the fulness and tension of the vessels by a nourishing diet; and we have had instances of the propriety and success of such a practice.

1331. The means of obviating the effects of debility, and of the mobility depending upon it, are the use of tonic and antispasmodic remedies.

The tonics are, fear, or some degree of terror; astringents; certain vegetable and metallic tonics; and cold-bathing.

1332. That fear, or some degree of terror, may be of use in preventing epilepsy, we have a remarkable proof in Boerhaave's cure of the epilepsy, which happened in the Orphan-house at Haerlem. See Kauu Boerhaave's treatise, entitled *Impetum Faciens*, § 406. And we have met with several other instances of the same.

As the operation of horror is in many respects analogous to that of terror, several seemingly superstitious remedies have been employed for the cure of epilepsy; and if they have ever been successful, I think it must be imputed to the horror they had inspired.

1333. Of the astringent medicines used for the cure of epilepsy the most celebrated is the *viscus quercinus*, which, when given in large quantities, may possibly be useful; but I believe it was more especially so in ancient times, when it was an object of superstition. In the few instances in which I have seen it employed it did not prove of any effect.

1334. Among the vegetable tonics, the bitters are to be reckoned; and it is by this quality that I suppose the orange-tree leaves to have been useful: but they are not always so.

1335. The vegetable tonic, which from its use in

analogous cases is the most promising, is the Peruvian bark; this, upon occasion, has been useful, but has also often failed. It is especially adapted to those epilepsies which recur at certain periods, and which are at the same time without the recurrence of any plethoric state or turgescence of the blood; and in such periodical cases, if the bark is employed some time before the expected recurrence, it may be useful; but it must be given in large quantity, and as near to the time of the expected return as possible.

1336. The metallic tonics seem to be more powerful than the vegetable, and a great variety of the former have been employed.

Even arsenic has been employed in the cure of epilepsy; and its use in intermittent fevers gives an analogy in its favour.

Preparations of tin have been formerly recommended in the cure of epilepsy, and in the cure of the analogous disease of hysteria; and several considerations render the virtues of tin, with respect to these diseases, probable: but I have had no experience of its use in such cases.

A much safer metallic tonic is to be found in the preparations of iron; and we have seen some of them employed in the cure of epilepsy, but have never found them to be effectual. This, however, I think, may be imputed to their not having been always employed in the circumstances of the disease, and in the quantities of the medicine, that were proper and necessary.

1337. Of the metallic tonics, the most celebrated and the most frequently employed is copper, under various preparation. What preparation of it may be the most effectual, I dare not determine; but of late the *cuprum ammoniacum* has been frequently found successful.

1338. Lately the flowers of zinc have been recom-

mended by a great authority as useful in all convulsive disorders; but in cases of epilepsy, I have not hitherto found that medicine useful.

1339. There have been of late some instances of the cure of epilepsy by the accidental use of mercury; and if the late accounts of the cure of tetanus by this remedy are confirmed, it will allow us to think that the same may be adapted also to the cure of certain cases of epilepsy.

1340. With respect to the employment of any of the above mentioned tonics in this disease, it must be observed, that in all cases where the disease depends upon a constant or occasional plethoric state of the system, these remedies are likely to be ineffectual; and if sufficient evacuations are not made at the same time, these medicines are likely to be very hurtful.

1341. The other set of medicines which we have mentioned as suited to obviate the effects of the too great mobility of the system, are the medicines named *antispasmodics*. Of these there is a long list in the writers on the *Materia Medica*, and by these authors recommended for the cure of epilepsy. The greater part, however, of those taken from the vegetable kingdom, are manifestly inert and insignificant. Even the root of the wild valerian hardly supports its credit.

1342. Certain substances taken from the animal kingdom seem to be much more powerful: and of these the chief, and seemingly the most powerful, is musk; which, employed in its genuine state, and in due quantity, has often been an effectual remedy.

It is probable also, that the *olecum animale*, as it has been named, when in its purest state, and exhibited at a proper time, may be an effectual remedy.

1343. In many diseases, the most powerful antispas-

modic is certainly opium; but the propriety of its use in epilepsy has been disputed among physicians. When the disease depends upon a plethoric state in which bleeding may be necessary, the employment of opium is likely to be very hurtful: but, when there is no plethoric or inflammatory state present, and the disease seems to depend upon irritation or upon increased irritability, opium is likely to prove the most certain remedy. Whatever effects in this and other convulsive disorders have been attributed to the *hyoscyamus*, must probably be attributed to its possessing a narcotic power similar to that of opium.

1344. With respect to the use of antispasmodics, it is to be observed, that they are always most useful, and perhaps only useful, when employed at a time when epileptic fits are frequently recurring, or near to the times of the accession of fits which recur after considerable intervals.

1345. On the subject of the cure of epilepsy, I have only to add, that as the disease in many cases is continued by the power of habit only, and that in all cases habit has a great share in increasing mobility, and therefore in continuing this disease; so the breaking in upon such habit, and changing the whole habits of the system, is likely to be a powerful remedy in epilepsy. Accordingly, a considerable change of climate, diet, and other circumstances in the manner of life, has often proved a cure of this disease.

1346. After treating of epilepsy, I might here treat of particular convulsions, which are to be distinguished from epilepsy by their being more partial: that is, affecting certain parts of the body only, and by their not being attended with a loss of sense, nor ending in such a comatose state as epilepsy always does.

1347. Of such convulsive affections many different

instances have been observed and recorded by physicians. But many of these have been manifestly sympathetic affections, to be cured only by curing the primary disease upon which they depend, and therefore not to be treated of here: or, though they are such as cannot be referred to another disease, as many of them however have not any specific character with which they occur in different persons, I must therefore leave them to be treated upon the general principles I have laid down with respect to epilepsy, or shall lay down with respect to the following convulsive disorder; which, as having very constantly in different persons a peculiar character, I think necessary to treat of more particularly.

CHAPTER III.

OF THE CHOREA, OR DANCE OF ST. VITUS.

1348. THIS disease affects both sexes, and almost only young persons. It generally happens from the age of ten to that of fourteen years. It comes on always before the age of puberty, and rarely continues beyond that period.*

1349. It is chiefly marked by convulsive motions, somewhat varied in different persons, but nearly of one kind in all; affecting the leg and arm on the same side, and generally on one side only.

1350. These convulsive motions commonly first affect the leg and foot. Though the limb be at rest, the

* We have known persons advanced in years to be severely afflicted with St. Vitus's dance.

foot is often agitated by convulsive motions, turning it alternately outwards and inwards. When walking is attempted, the affected leg is seldom lifted as usual in walking, but is dragged along as if the whole limb were paralytic; and, when it is attempted to be lifted, this motion is unsteadily performed, the limb becoming agitated by irregular convulsive motions.

1351. The arm of the same side is generally affected at the same time; and, even when no voluntary motion is attempted, the arm is frequently agitated with various convulsive motions. But especially when voluntary motions are attempted, these are not properly executed, but are variously hurried or interrupted by convulsive motions in a direction contrary to that intended. The most common instance of this is in the person's attempting to carry a cup of liquor to his mouth, when it is only after repeated efforts, interrupted by frequent convulsive retractions and deviations, that the cup can be carried to the mouth.

1352. It appears to me, that the will often yields to these convulsive motions, as to a propensity, and thereby they are often increased, while the person affected seems to be pleased with increasing the surprise and amusement which his motions occasion in the bystanders.

1353. In this disease the mind is often affected with some degree of fatuity; and often shows the same varied, desultory, and causeless emotions which occur in hysteria.

1354. These are the most common circumstances of this disease; but at times, and in different persons, it is varied by some difference in the convulsive motions, particularly by these affecting the head and trunk of the body. As in this disease there seem to be propensities to motion, so various fits of leaping and running occur

in the persons affected; and there have been instances of this disease, consisting of such convulsive motions, appearing as an epidemic in a certain corner of the country. In such instances, persons of different ages are affected, and may seem to make an exception to the general rule above laid down; but still the persons are, for the most part, the young of both sexes, and of the more manifestly moveable constitutions.

1355. The method of curing this disease has been variously proposed. Dr. Sydenham proposed to cure it by alternate bleeding and purging. In some plethoric habits I have found some bleeding useful; but in many cases I have found repeated evacuations, especially by bleeding, very hurtful.

In many cases, I have found the disease, in spite of remedies of all kinds, continue for many months; but I have also found it often readily yield to tonic remedies, such as the Peruvian bark, and chalybeates.

The late Dr. De Haen found several persons labouring under this disease cured by the application of electricity.*

* In the treatment of this disease, we have had but little experience, having never attended more than three or four cases of it. Blood-letting has, at times, been practised in it with advantage. As far as we are informed on the subject, very salutary effects have resulted in it from active and copious purging, succeeded by tonic and antispasmodic remedies. One of the most promising tonics, in this disease, consists in a saturated solution of the sulphate of copper in water. The dose of this is from six to ten drops, to be repeated three or four times a day. The shower bath and country air ought not to be neglected.

In some instances, the disease appears to proceed from the irritation of teething; in others, from that of worms in the alimentary canal. In the former case, scarification of the gums; in the latter, drastic purgatives, constitute the most efficacious remedy.

Believing the complaint to be seated in the stomach, some physicians promise themselves great advantage from the use of emetics, frequently repeated, alternating with tonics.

As antispasmodics, and to allay irritation in this disease, opium, musk, and castor, camphor, asafœtida and cicuta, have most reputation.

SECTION II.

OF THE SPASMODIC AFFECTIONS OF THE VITAL FUNCTIONS.

CHAPTER IV.

OF THE PALPITATION OF THE HEART.*

1356. **T**HE motion thus named is a contraction or systole of the heart, that is performed with more rapidity, and generally also with more force than usual, and when at the same time the heart strikes with more than usual violence against the inside of the ribs, producing often a considerable sound.

1357. This motion, or palpitation, is occasioned by a great variety of causes, which have been recited with great pains by Mr. Senac and others; whom, however, I cannot follow in all the particulars with sufficient discernment, and therefore shall here only attempt to refer

When not forbiddan by the presence of inflammation, the tonics commonly administered in other diseases, of great irritability, are useful in this.

When the irregular motions are confined principally to the lower extremities, tight bandaging of them with flannel rollers is said to have proved serviceable. We apprehend, however, that this remedy is, at best, but a palliative; unless, indeed, it may possibly act as a counter-irritation to that which originally produces the disease.

Beneficial effects are said to have been derived, in this disease, from blisters and caustics applied to the back of the neck and along the spine. Provided the irritation and discharge be continued for a considerable time, we think these remedies sufficiently promising to justify a trial of them. But the complaint being chronic, no application can suddenly relieve it.

This disease is often removed by the changes that occur in the system about the period of puberty.

* Palpitation of the heart is oftentimes an arthritic affection, and, as such, has its origin in the stomach. Its treatment, when thus produced, will be readily understood, from what has been said on the subject of atonic gout. An emetic has sometimes completely removed it.

all the several cases of this disease to a few general heads.

1358. The first is of those arising from the application of the usual stimulus to the heart's contraction; that is, the influx of the venous blood into its cavities, being made with more velocity, and, therefore, in the same time, in greater quantity than usual. It seems to be in this manner that violent exercise occasions palpitation.

1359. A second head of the cases of palpitation, is of those arising from any resistance given to the free and entire evacuation of the ventricles of the heart. Thus a ligature made upon the aorta occasions palpitations of the most violent kind. Similar resistances, either in the aorta or pulmonary artery, may be readily imagined; and such have been often found in the dead bodies of persons who, during life, had been much affected with palpitations.

To this head are to be referred all those cases of palpitation arising from causes producing an accumulation of blood in the great vessels near to the heart.

1360. A third head of the cases of palpitation, is of those arising from a more violent and rapid influx of the nervous power into the muscular fibres of the heart. It is in this manner that I suppose various causes acting in the brain, and particularly certain emotions of the mind occasion palpitation.

1361. A fourth head of the cases of palpitation, is of those arising from causes producing a weakness in the action of the heart, by diminishing the energy of the brain with respect to it. That such causes operate in producing palpitation, I presume from hence, that all the several causes mentioned above (1177. *et. seq.*) as in this manner producing syncope, do often produce palpitation. It is on this ground that these two diseases are affections frequently occurring in the same person,

as the same causes may occasion the one or the other, according to the force of the cause and mobility of the person acted upon. It seems to be a law of the human economy, that a degree of debility occurring in any function, often produces a more vigorous exertion of the same, or at least an effort towards it, and that commonly in a convulsive manner.

I apprehend it to be the convulsive action, frequently ending in some degree of a spasm, that gives occasion to the intermittent pulse so frequently accompanying palpitation.

1362. A fifth head of the cases of palpitation may perhaps be of those arising from a peculiar irritability or mobility of the heart. This, indeed, may be considered as a predisponent cause only, giving occasion to the action of the greater part of the causes recited above. But it is proper to observe, that this predisposition is often the chief part of the remote cause; insomuch that many of the causes producing palpitation would not have this effect but in persons peculiarly predisposed. This head, therefore, of the cases of palpitation, often requires to be distinguished from all the rest.

1363. After thus marking the several cases and causes of palpitation, I think it necessary, with a view to the cure of this disease, to observe, that the several causes of it may be again reduced to two heads. The first is, of those consisting in, or depending upon, certain organic affections of the heart itself, or of the great vessels immediately connected with it. The second is, of those consisting in, or depending upon, certain affections subsisting and acting in other parts of the body, and acting either by the force of the cause, or in consequence of the mobility of the heart.

1364. With respect to the cases depending upon the first set of causes, I must repeat here what I said with

respect to the like cases of syncope that I do not know any means of curing them. They, indeed, admit of some palliation, *first*, by avoiding every circumstance that may hurry the circulation of the blood; and, *secondly*, by every means of avoiding a plethoric state of the system, or any occasional turgescence of the blood. In many of these cases, blood-letting may give a temporary relief: but in so far as debility and mobility are concerned, in such cases this remedy is likely to do harm.

1365. With respect to the cases depending upon the other set of causes, they may be various, and require very different measures; but I can here say in general, that these cases may be considered as of two kinds; one depending upon primary affections in other parts of the body, and acting by the force of the particular causes; and another depending upon a state of mobility in the heart itself. In the first of these, it is obvious, that the cure of palpitation must be obtained by curing the primary affection; which is not to be treated of here. In the second, the cure must be obtained, partly by diligently avoiding the occasional causes, partly and chiefly by correcting the mobility of the system, and of the heart in particular; for doing which we have treated of the proper means elsewhere.

CHAPTER V.

OF DYSPNœA, OR DIFFICULT BREATHING.*

1366. THE exercise of respiration, and the organs of it, have so constant and considerable a connection

* The various affections enumerated in this chapter, being nothing but *symptoms* of more general diseases, do not require a distinct consideration.

with almost the whole of the other functions and parts of the human body, that upon almost every occasion of disease, respiration must be affected. Accordingly, some difficulty and disorder in this function, are in fact symptoms very generally accompanying disease.

1367. Upon this account, the symptom of difficult breathing deserves a chief place and an ample consideration in the general system of Pathology; but what share of consideration it ought to have in a treatise of Practice, I find it difficult to determine.

1368. On this subject, it is, in the first place, necessary to distinguish between the symptomatic and idiopathic affections; that is, between those difficulties of breathing which are symptoms only of a more general affection, or of a disease subsisting primarily in other parts than the organs of respiration, and that difficulty of breathing which depends upon a primary affection of the lungs themselves. The various cases of symptomatic dyspnœa I have taken pains to enumerate in my Methodical Nosology, and it will be obvious they are such as cannot be taken notice of here.

1369. In my Nosology I have also taken pains to point out and enumerate the proper, or at least the greater part of the proper, idiopathic cases of the dyspnœa: but from that enumeration it will, I think, readily appear, that few, and indeed hardly any, of these cases, will admit or require much of our notice in this place.

1370. The *Dyspnœa Sicca, species 2d*, the *Dyspnœa Aerea, sp. 3d*, the *Dyspnœa Terrea, sp. 4th*, and *Dyspnœa Thoracica, sp. 7th*, are some of them with difficulty known, and are all of them diseases which in my opinion do not admit of cure. All, therefore, that can be said concerning them here is, that they may admit of some

They can be cured only by the cure of the complaints of which they form a part.

palliation; and this, I think, is to be obtained chiefly by avoiding a plethoric state of the lungs, and every circumstance that may hurry respiration.

1371. Of the Dyspnœa *Extrinseca*, *sp. 8th*, I can say no more, but that these external causes marked in the Nosology, and perhaps some others that might have like effects, are to be carefully avoided; or, when they have been applied, and their effects have taken place, the disease is to be palliated by the means mentioned in the last paragraph.

1372. The other species, though enumerated as idiopathic, can hardly be considered as such, or as requiring to be treated of here.

The Dyspnœa *Catarrhalis*, *sp. 1st*, may be considered as a species of catarrh, and is pretty certainly to be cured by the same remedies as that species of catarrh which depends rather upon the increased afflux of mucus to the bronchiæ, than upon any inflammatory state in them.

The Dyspnœa *Aquosa*, *sp. 5th*, is certainly to be considered as a species of dropsy, and is to be treated by the same remedies as the other species of that disease.

The Dyspnœa *Pinguedinosa*, *sp. 6th*, is in like manner to be considered as a symptom or local effect of the Polysarcia, and is only to be cured by correcting the general fault of the system.

1373. From this view of those idiopathic cases of dyspnœa, which are perhaps all I could properly arrange under this title, it will readily appear that there is little room for treating of them here; but there is still one case of difficult breathing, which has been properly distinguished from every other under the title of *Asthma*; and as it deserves our particular attention, I shall here separately consider it.

CHAPTER VI.

OF ASTHMA.*

1374. THE term of asthma has been commonly applied by the vulgar, and even by many writers on the

* To our author's description of asthma, as exhibited in this chapter, nothing, perhaps, can be added, that would, in any measure, improve it. In relation to the treatment of it, we shall briefly offer the following remarks.

The practice in this disease is naturally divided into that which is requisite during the existence of a paroxysm; and that which is suitable during the interval.

Asthmatic paroxysms are frequently induced by improprieties in the quantity or quality of food, and probably also of drink.

In such a case, the first indication is, a thorough evacuation of the alimentary canal. If nothing exist to forbid an emetic, its exhibition may be highly useful. Even a repetition of it may perhaps be advisable. Purgatives will, at all events, be safe and proper.

If the habit of the patient be full, and the febrile symptoms considerable, blood-letting is necessary, to relieve congestion in the lungs, and prevent effusion, the rupture of blood-vessels, or other effects which might thence ensue. This operation must be repeated, or not, according to circumstances.

Should blood-letting be inadmissible, or fail to give relief, the application of cups to the breast, or along the spine, and of blisters also, in case the febrile symptoms have sufficiently subsided, may prove beneficial.

It is now that the various expectorants are recommended. Of these, tartarized antimony, or ipecacuanha, in nauseating doses, gum ammoniac, powdered squills, combined with nitre, a combination of camphor and myrrh, and the radix Senekæ, in powder or decoction, are in high repute. So, of late, is the digitalis purpurea, exhibited in powder, or the saturated tincture. By certain British writers, this last mentioned remedy is greatly preferred to either of the others. It is reported to be productive of the happiest effects, in regulating the pulse, and facilitating expectoration; at the same time that it diminishes the matter expectorated, in quantity, by weakening the force of the determination to the lungs. We have never used it in this disease; and are, therefore, unable to speak of it from experience.

To promote expectoration and remove spasm, the smoking of the leaves and root of the datura stramonium, is strongly recommended. We believe that this remedy has proved, in many cases, exceedingly useful. In one case reported to us, it was followed by violent pains in the groins; which, however, soon disappeared.

Practice of Physic, to every case of difficult breathing, that is, to every species of Dyspnœa. The Methodical

A well known remedy is the use of Mudge's inhaler, or the inhalation of the steams of warm water, from any other apparatus. Breathing over the fumes of turpentine, thrown on burning coals, is also recommended. From neither of these processes, however, have we observed much benefit to be, at any time, derived. Yet others have spoken of them in the highest terms.

The same remedies that have been recommended as expectorants, may be made to act the part of sudorifics. In this latter intention, if properly regulated, they may be rendered highly useful.

Of antispasmodics in this disease, opiates hold the foremost rank. If united to ether, their efficacy is thought to be materially increased. In cases where an acid prevails in the stomach, a combination of opium and prepared chalk, is a remedy of high reputed efficacy. We have never ourselves been witness to its effects.

In the resolution of spasm, either alone may be administered with advantage. So may asafœtida, musk, and castor; especially if given in large doses. Although a coarse and homely remedy, the juice of garlic is by no means inefficient. A table-spoonful of it may be given at a dose, in mixture with an equal quantity of water.

What would be the influence of arsenic, in shortening the continuance of a paroxysm of asthma?—Mercury has been tried with but little effect.

As a remedy in this disease, the breathing of factitious airs has been tried. But report, on the subject, differs with regard to the effects of the different kinds. Some practitioners speak favourably of oxygenous gas, while others give a preference to an atmosphere containing a superabundance of azote or hydrogen. We are inclined to believe, that, in this complaint, no permanent advantage has ever been derived from the use of either. Wholesome atmospheric air is the best medium for the respiratory process.

As remedies in the interval, for the prevention of asthmatic paroxysms, tonics are alone, or chiefly, in vogue.

Nor are we sensible of any of them being specifically applicable to this complaint.

Bark and bitters, chalybeates and zinc, cuprum vitriolatum and the nitrate of silver, may be exhibited as the practitioner may deem expedient.

Issues, setons, and perpetual blisters, are remedies which we think deserving of a trial.

The flesh-brush should be used, flannel or fleecy hoisery worn next to the skin, and exercise taken freely in the open air. If the patient be able to bear it, riding on horseback is the mode of exercise that ought to be preferred.

As a tonic in this disease, the cold bath has, by some, been strongly recommended. It ought not, however, to be used without great caution. If it be followed by a pleasant glow on the surface of the body, accompanied with sprightliness, and an increase of vigour, it is admissible, and may be useful. But, if succeeded by a sensation of chilliness, dulness, or lassitude, let it be immediately abandoned.

An abstract choice of a place of residence for asthmatic patients appears

nosologists, also, have distinguished Asthma from Dyspnoea chiefly, and almost solely, by the former being the same affection with the latter, but in a higher degree. Neither of these applications of the term seems to have been correct or proper. I am of opinion, that the term asthma may be most properly applied, and should be confined, to a case of difficult breathing that has peculiar symptoms, and depends upon a peculiar proximate cause, which I hope to assign with sufficient certainty. It is this disease I am now to treat of, and it is nearly what practical writers have generally distinguished from the other cases of difficult breathing, by the title of Spasmodic Asthma, or of *Asthma convulsivum*; although, by not distinguishing it with sufficient accuracy from the other cases of Dyspnoea, they have introduced a great deal of confusion into their treatises on this subject.

1375. The disease I am to treat of, or the Asthma to be strictly so called, is often a hereditary disease. It seldom appears very early in life, and hardly till the time of puberty, or after it. It affects both sexes, but most

to be impracticable. Some are most comfortable and healthy in the city, others in the country; some in an elevated and dry, and others in a low and humid situation. In this respect, therefore, let each individual choose for himself, provided his means be such as to entitle him to a choice.

Asthmatic patients should use a diet nutritious and easily digested; and be exceedingly temperate in the use of wine and other fermented liquors.

For the entire removal of this complaint, where it is practicable to remove it, the chief reliance must be placed on diet and regimen.

Let the patient pursue such a course, and this must vary according to the different circumstances of different cases—as may be best calculated to revolutionize the general habit, and strengthen the system, and, in the present state of science, the healing art can, perhaps, effect nothing farther.

Instances have occurred where, in consequence of a reverse of fortune, men who had previously led an easy and indolent life, have been cured of asthma by being compelled to labour. In these cases an adoption of simpler fare co-operated, no doubt, with laborious exercise, in the removal of the disease. In a complaint so essentially connected with the condition of the stomach, the diet should be skilfully and perseveringly regulated.

frequently the male. I have not observed it to be more frequent in one kind of temperament than in another; and it does not seem to depend upon any general temperament of the whole body, but upon a particular constitution of the lungs alone. It frequently attacks persons of a full habit; but it hardly ever continues to be repeated for some length of time without occasioning an emaciation of the whole body.

1376. The attacks of this disease are generally in the night-time, or towards the approach of night; but there are also some instances of their coming on in the course of the day. At whatever time they come on, it is for the most part suddenly, with a sense of tightness and stricture across the breast, and a sense of straitness in the lungs impeding inspiration. The person thus attacked, if in a horizontal situation is immediately obliged to get into somewhat of an erect posture, and requires a free and cool air. The difficulty of breathing goes on for some time increasing; and both inspiration and expiration are performed slowly, and with a wheezing noise. In violent fits, speaking is difficult and uneasy. There is often some propensity to coughing, but it can hardly be executed.

1377. These symptoms often continue for many hours together, and particularly from midnight till the morning is far advanced. Then commonly a remission takes place by degrees; the breathing becomes less laborious and more full, so that the person can speak and cough with more ease; and, if the cough brings up some mucus, the remissions become immediately more considerable, and the person falls into a much wished for sleep.

1378. During these fits the pulse often continues in its natural state; but in some persons the fits are attended with a frequency of pulse, and with some heat and

thirst, as marks of some degree of fever. If urine be voided at the beginning of a fit, it is commonly in considerable quantity, and with little colour or odour; but, after the fit is over, the urine voided is in the ordinary quantity, of a high colour, and sometimes deposits a sediment. In some persons, during the fit, the face is a little flushed and turgid; but more commonly it is somewhat pale and shrunk.

1379. After some sleep in the morning, the patient, for the rest of the day, continues to have more free and easy breathing, but it is seldom entirely such. He still feels some tightness across his breast, cannot breathe easily in a horizontal posture, and can hardly bear any motion of his body, without having his breathing rendered more difficult and uneasy. In the afternoon he has an unusual flatulency of his stomach, and an unusual drowsiness; and, very frequently, these symptoms precede the first attacks of the disease. But, whether these symptoms appear or not, the difficulty of breathing returns towards the evening; and then sometimes gradually increases, till it becomes as violent as in the night before: or if, during the day, the difficulty of breathing has been moderate, and the person got some sleep in the first part of the night, he is, however, waked about midnight, or at some time between midnight and two o'clock in the morning; and is then suddenly seized with a fit of difficult breathing, which runs the same course as the night before.

1380. In this manner fits return for several nights successively: but generally, after some nights passed in this way, the fits suffer more considerable remissions. This especially happens when the remissions are attended with a more copious expectoration in the mornings, and that this continues from time to time throughout the day. In these circumstances, asthmatics, for a long

time after, have not only more easy days, but enjoy also nights of entire sleep, without the recurrence of the disease.

1381. When this disease, however, has once taken place in the manner above described, it is ready to return at times for the whole of life after. These returns, however, happen with different circumstances in different persons.

1382. In some persons the fits are readily excited by external heat, whether of the weather or of a warm chamber, and particularly by warm bathing. In such persons fits are more frequent in summer, and particularly during the dog-days, than at other colder seasons. The same persons are also readily affected by changes of the weather; especially by sudden changes made from a colder to a warmer, or what is commonly the same thing, from a heavier to a lighter atmosphere. The same persons are also affected by every circumstance straitening the capacity of the thorax, as by any ligature made, or even by a plaster laid upon it; and a like effect happens from any increased bulk of the stomach, either by a full meal, or by air collected in it. They are likewise much affected by exercise, or whatever else can hurry the circulation of the blood.

1383. As asthmatic fits seem thus to depend upon some fulness of the vessels of the lungs, it is probable that an obstruction of perspiration, and the blood being less determined to the surface of the body, may favour an accumulation in the lungs, and thereby be a means of exciting asthma. This seems to be the case of those asthmatics who have fits most frequently in the winter season, and who have commonly more of a catarrhal affection accompanying the asthma; which therefore occurs more frequently in winter, and more manifestly from the application of cold.

1384. Beside these cases of asthma excited by heat or cold, there are others, in which the fits are especially excited by powers applied to the nervous system; as by passions of the mind; by particular odours, and by irritation of smoke and dust. That this disease is an affection of the nervous system, and depending upon a mobility of the moving fibres of the lungs, appears pretty clearly from its being frequently attended with other spasmodic affections depending upon mobility; such as hysteria, hypochondriasis, dyspepsia, and atonic gout.

1385. From the whole of the history of asthma now delivered, I think it will readily appear, that the proximate cause of this disease is a preternatural, and in some measure a spasmodic constriction of the muscular fibres of the bronchiæ; which not only prevents the dilatation of the bronchiæ necessary to a free and full inspiration, but gives also a rigidity which prevents a full and free expiration. This preternatural constriction, like many other convulsive and spasmodic affections, is readily excited by a turgescence of the blood, or other cause of any unusual fulness and distention of the vessels of the lungs.

1386. This disease, as coming by fits, may be generally distinguished from most other species of dyspnœa, whose causes being more constantly applied, produce therefore a more constant difficulty of breathing. There may, however, be some fallacy in this matter, as some of these causes may be liable to have abatements and intensities, whereby the dyspnœa produced by them may seem to come by fits; but I believe it is seldom that such fits put on the appearance of the genuine asthmatic fits described above. Perhaps, however, there is still another case that may give more difficulty; and that is when several of the causes, which we have assigned as causes of several of the species of difficult

breathing referred to the genus of *Dyspnœa*, may have the effect of exciting a genuine asthmatic fit. Whether this can happen to any but the peculiarly predisposed to asthma, I am uncertain; and, therefore, whether in any such cases, the asthma may be considered as symptomatic; or if, in all such cases, the asthma may not still be considered and treated as an idiopathic disease.

1387. The asthma, though often threatening immediate death, seldom occasions it, and many persons have lived long under this disease. In many cases, however, it does prove fatal; sometimes very quickly, and perhaps always at length. In some young persons it has ended soon, by occasioning a *phthisis pulmonalis*. After a long continuance, it often ends in a *hydrothorax*; and commonly, by occasioning some aneurism of the heart or great vessels, it thereby proves fatal.

1388. As it is seldom that an asthma has been entirely cured; I therefore cannot propose any method of cure which experience has approved as generally successful. But the disease admits of alleviation in several respects from the use of remedies; and my business now shall be chiefly to offer some remarks upon the choice and use of the remedies which have been commonly employed in cases of asthma.

1389. As the danger of an asthmatic fit arises chiefly from the difficult transmission of the blood through the vessels of the lungs, threatening suffocation; so the most probable means of obviating this seems to be blood-letting: and, therefore, in all violent fits, practitioners have had recourse to this remedy. In first attacks, and especially in young and plethoric persons, blood-letting may be very necessary, and is commonly allowable.

But it is also evident, that, under the frequent recurrence of fits, blood-letting cannot be frequently repeated without exhausting and weakening the patient too much.

It is further to be observed that blood-letting is not so necessary as might be imagined, as the passage of the blood through the lungs is not so much interrupted as has been commonly supposed. This I particularly conclude from hence, that, instead of the sussusion of face, which is the usual effect of such interruption, the face, in asthmatic fits, is often shrunk and pale. I conclude the same also from this, that, in asthmatic fits, blood-letting does not commonly give so much relief as, upon the contrary supposition, might be expected.

1390. As I have alleged above, that a turgescence of the blood is frequently the exciting cause of asthmatic fits, so it might be supposed, that a plethoric state of the system might have a great share in producing a turgescence of the blood in the lungs; and especially, therefore, that blood-letting might be a proper remedy in asthma. I allow it to be so in the first attacks of the disease: but as the disease, by continuing, generally takes off the plethoric state of the system; so, after the disease has continued for some time, I allege that blood-letting becomes less and less necessary.

1391. Upon the supposition of asthmatics being in a plethoric state, purging might be supposed to prove a remedy in this disease: but, both because the supposition is not commonly well founded, and because purging is seldom found to relieve the vessels of the thorax, this remedy has not appeared to be well suited to asthmatics; and large purging has always been found to do much harm. But as asthmatics are always hurt by the stagnation and accumulation of matters in the alimentary canal, so costiveness must be avoided, and an open belly proves useful. In the time of fits, the employment of emollient and moderately relaxative glysters has been found to give considerable relief.

1392. As a flatulency of the stomach, and other symp-

toms of indigestion, are frequent attendants of asthma, and very troublesome to asthmatics; so, both for removing these symptoms, and for taking off all determination to the lungs, the frequent use of gentle vomits is proper in this disease. In certain cases, where a fit was expected to come on in the course of the night, a vomit given in the evening has frequently seemed to prevent it.

1393. Blistering between the shoulders, or upon the breast, has been frequently employed to relieve asthmatics; but in the pure spasmodic asthma we treat of here, I have rarely found blisters useful, either in preventing or relieving fits.

1394. Issues are certainly useful in obviating plethora; but as such indications seldom arise in cases of asthma, so issues have been seldom found useful in this disease.

1395. As asthmatic fits are so frequently excited by a turgescence of the blood, so the obviating and allaying of this by acids and neutral salts, seems to have been at all times the object of practitioners. See FLOYER on the asthma.

1396. Although a plethoric state of the system may seem to dispose to asthma, and the occasional turgescence of the blood may seem to be frequently the exciting cause of the fits; yet it is evident, that the disease must have arisen chiefly from a peculiar constitution in the moving fibres of the bronchiaæ, disposing them upon various occasions to fall into a spasmodic constriction; and therefore, that the entire cure of the disease can only be expected from the correcting of that predisposition, or from correcting the preternatural mobility or irritability of the lungs in that respect.

1397. In cases wherein this predisposition depends upon original conformation, the cure must be difficult.

and perhaps impossible; but it may perhaps be moderated by the use of antispasmodics. Upon this footing, various remedies of that kind have been commonly employed, and particularly the fetid gums; but we have not found them of any considerable efficacy, and have observed them to be sometimes hurtful by their heating too much. Some other antispasmodics which might be supposed powerful, such as musk, have been properly tried. The vitriolic ether has been found to give relief, but its effects are not lasting.

1398. As in other spasmodic affections, so in this, the most certain and powerful antispasmodic is opium. I have often found it effectual, and generally safe; and if there have arisen doubts with respect to its safety, I believe they have arisen from not distinguishing between certain plethoric and inflammatory cases of dyspnoea improperly named asthma, and the genuine spasmodic asthma we treat of here.

1399. As in many cases this disease depends upon a predisposition which cannot be corrected by our art, so in such cases the patient can only escape the disease by avoiding the occasional or exciting causes, which I have endeavoured to point out above. It is, however, difficult to give any general rules here, as different asthmatics have their different idiosyncrasies with respect to externals. Thus, one asthmatic finds himself easiest living in the midst of a great city, while another cannot breathe but in the free air of the country. In the latter case, however, most asthmatics bear the air of a low ground, if tolerable free and dry, better than that of the mountains.

1400. In diet, also, there is some difference to be made with respect to different asthmatics. None of them bear a large or full meal, or any food that is of slow and difficult solution in the stomach; but many of them

bear animal food of the lighter kinds, and in moderate quantity. The use of vegetables which readily prove flatulent, are always very hurtful. In recent asthma, and especially in the young and plethoric, a spare, light, and cool diet is proper, and commonly necessary; but after the disease has continued for years, asthmatics commonly bear, and even require, a tolerable full diet, though in all cases a very full diet is very hurtful.

1401. In drinking, water, or cool watery liquors, are the only safe and fit drinks for asthmatics; and all liquors ready to ferment, and become flatulent, are hurtful to them. Few asthmatics can bear any kind of strong drink; and any excess in such is always very hurtful to them. As asthmatics are commonly hurt by taking warm or tepid drink; so, both upon that account and upon account of the liquors weakening the nerves of the stomach, neither tea nor coffee is proper in this disease.

1402. Asthmatics commonly bear no bodily motion easily but that of the most gentle kind. Riding, however, on horseback, or going in a carriage, and especially sailing, are very often useful to asthmatics.

CHAPTER VII.

OF THE CHINCOUGH, OR HOOPINGCOUGH.*

1403. THIS disease is commonly epidemic, and manifestly contagious. It seems to proceed from a con-

* In relation to the *contagion* of hoopingcough, we have already made a frank expression of our doubts. We would not be understood as positively denying to it that property; but we are at a loss for facts to prove its possession of it. The mere occurrence of the disease, in a number of individuals be-

tagion of a specific nature, and of a singular quality. It does not, like most other contagions, necessarily pro-

longing to the same family or neighbourhood, at once, or in succession, is by no means sufficient for the purpose. It is well known that this may take place, and still the complaint be nothing but an *epidemic*.

That hoopingcough does exist and spread, independently of contagion, is a position which we cannot for a moment hesitate to believe. It often appears suddenly, in the country, without any obvious cause, and prevails throughout neighbourhoods of considerable extent, where the inhabitants are thinly scattered, and the children have no communication with each other. In these instances, it frequently attacks, at the same time, families remotely situated, between which no kind of intercourse exists. With facts of this description, no one can long reside in the country, and not be familiar. The disease must, therefore, originate in *a common source*; and that source must necessarily be the atmosphere. Besides, in passing through a neighbourhood, hooping-cough never observes that regular march, which would justify a belief that it is communicated only from the sick to the well. It does not, for example, commence in the north, and travel to the south; in the east, and travel to the west; nor are its movements the reverse of these. It attacks scatteringly and promiscuously, as if it proceeded from a common source; and were governed, in its march, by the different susceptibilities of those who become subject to it; or, by the variety in their exposure to exciting causes.

To our author's mode of treatment, which is highly judicious, we have but little to subjoin. The complaint being slight, is, comparatively speaking, but rarely the subject of medical advice.

In such cases, however, as it may have obstinately resisted other means, the following remedies are worthy of a trial.

A preparation composed of opium, ipecacuanha, and the carbonate of soda. The proportions of this mixture recommended for a child of two years old, are one drop of laudanum, five drops of ipecacuanha wine, and two grains of the carbonate of soda, exhibited, in a pleasant vehicle, every fourth hour, for several days, obviating costiveness by calomel or rhubarb. To children older or younger, the remedy must be apportioned according to their ages.

The acetate of lead, in doses of from the fourth to the eighth of a grain, exhibited, in some agreeable menstruum, every fourth or fifth hour, is recommended as a safe and useful remedy.

The production of a slight strangury, by means of the tincture of cantharides, and the compound tincture of camphor combined, has acquired some reputation, as a measure calculated to moderate the cough and shorten its continuance.

Artificial musk, dissolved in rectified spirits of wine, and exhibited in small but repeated doses, is also spoken of as highly efficacious. Of this remedy we have no knowledge.

Hemlock, tincture of digitalis, hyoscyamus, and arsenic, have all been proposed as remedies in hoopingcough. None of these have we ourselves ex-

duce a fever; nor does it, like most others, occasion any eruption, or produce otherwise any evident change in the state of the human fluids. It has, in common with the catarrhal contagion, and with that of the measles, a peculiar determination to the lungs; but with particular effects there, very different from those of the other two; as will appear from the history of the disease now to be delivered.

1404. This contagion, like several others, affects persons but once in the course of their lives; and therefore, necessarily, children are most commonly the subjects of this disease: but there are many instances of it occurring in persons considerably advanced in life; though it is probable, that the further that persons are advanced in life, they are the less liable to be affected with this contagion.

1405. The disease commonly comes on with the ordi-

habited, except the latter, which, given in the dose of the twelfth or sixteenth of a grain, and repeated every three or four hours, we have found to be advantageous. To moderate the cough, paregoric elixir is highly useful.

Convalescence, in hoopingcough, is best promoted by pure air, exercise in the country, the use of the flesh-brush, or the wearing of flannel next to the skin, and a mild and plain, but nourishing diet. As a tonic in this complaint, after the removal of inflammatory symptoms, tincture of bark, chalybeates, and infusion of colombo, in doses suited to the age and strength of the patient, are recommended.

We concur with our author, in a particular manner, in the salutary effects of emetics in this disease. They should be repeated daily, or even twice or three times a day, if requisite. Added to their evacuating effect, they, by their specific impression on the stomach, act favourably on the lungs and the whole system, through the medium of sympathy. They diminish febrile action, and weaken the muscular spasm which proves so troublesome.

They are indicated chiefly in those cases where respiration is oppressed, and the patients do not puke during the paroxysms of coughing. Where each paroxysm terminates, as it usually does, by a spontaneous evacuation of the stomach, emetics are not called for.

Let those who wish to be further informed on the subject of hoopingcough, consult Willis—Sydenham—Morton de tussi convulsiva—Hoffman, Suppl. ii.—Huxham—Fothergill—Stoll rat. med.—Butler on the kinck-cough, and on hemlock—Kirkland de pertussi—and R. Pearson

nary symptoms of a catarrh arising from cold; and often, for many days, keeps entirely to that appearance; and I have had instances of a disease which, though evidently arising from the chincough contagion, never put on any other form than that of a common catarrh. This, however, seldom happens; for, generally in the second, and at farthest in the third week after the attack, the disease puts on its peculiar and characteristic symptom, a convulsive cough. This is a cough in which the expiratory motions peculiar to coughing are made with more frequency, rapidity and violence, than usual. As these circumstances, however, in different instances of coughing, are in very different degrees; so no exact limits can be put to determine when the cough can be strictly said to be convulsive; and it is therefore especially by another circumstance that the chincough is distinguished from every other form of cough. This circumstance is, when many expiratory motions have been convulsively made, and thereby the air is in great quantity thrown out from the lungs, a full inspiration is necessarily and suddenly made; which, by the air rushing in through the glottis with unusual velocity, gives a peculiar sound. This sound is somewhat different in different cases, but is in general called a **Hoop**; and from it the whole of the disease is called the **Hooping Cough**. When this sonorous inspiration has happened, the convulsive coughing is again renewed, and continues in the same manner as before, till a quantity of mucus is thrown up from the lungs, or the contents of the stomach are thrown up by vomiting. Either of these evacuations commonly puts an end to the coughing, and the patient remains free from it for some time after. Sometimes it is only after several alternate fits of coughing and hooping that expectoration or vomiting takes place; but it is com-

monly after the second coughing that these happen, and put an end to the fit.

1406. When the disease, in this manner, has taken its proper form, it generally continues for a long time after, and generally from one month to three; but sometimes much longer, and that with very various circumstances.

1407. The fits of coughing return at various intervals, rarely observing any exact period. They happen frequently in the course of the day, and more frequently still in the course of the night. The patient has commonly some warning of their coming on; and, to avoid that violent and painful concussion which the coughing gives to the whole body, he clings fast to any thing that is near to him, or demands to be held fast by any person that he can come at.

When the fit is over, the patient sometimes breathes fast, and seems fatigued for a little after: but in many this appears very little; and children are commonly so entirely relieved, that they immediately return to their play, or what else they were occupied in before.

1408. If it happens that the fit of coughing ends in vomiting up the contents of the stomach, the patient is commonly immediately after seized with a strong craving and demand for food, and takes it in very greedily.

1409. At the first coming on of this disease, the expectoration is sometimes none at all, or of a thin mucus only; and while this continues to be the case, the fits of coughing are more violent, and continue longer; but commonly the expectoration soon becomes considerable, and a very thick mucus, often in great quantity, is thrown up; and as this is more readily brought up, the fits of coughing are of shorter duration.

1410. The violent fits of coughing frequently interrupt the free transmission of the blood through the

lungs, and thereby the free return of blood from the vessels of the head. This occasions that turgescence and suffusion of face which commonly attends the fits of coughing, and seems to occasion also those eruptions of blood from the nose, and even from the eyes and ears, which sometimes happen in this disease.

1411. This disease often takes place in the manner we have now described, without any pyrexia attending it; but, though Sydenham had seldom observed it, we have found the disease very frequently accompanied with pyrexia, sometimes from the very beginning, but more frequently only after the disease had continued for some time. When it does accompany the disease, we have not found it appearing under any regular intermittent form. It is constantly in some degree present; but with evident exacerbations towards evening, continuing till next morning.

1412. Another symptom very frequently attending the chincough, is a difficulty of breathing; and that not only immediately before and after fits of coughing, but as constantly present, though in different degrees in different persons. I have hardly ever seen an instance of a fatal chincough, in which a considerable degree of pyrexia and dyspnœa had not been for some time constantly present.

1413. When by the power of the contagion this disease has once taken place, the fits of coughing are often repeated, without any evident exciting cause: but in many cases, the contagion may be considered as giving a predisposition only; and the frequency of fits depends in some measure upon various exciting causes; such as, violent exercise; a full meal; the having taken in food of difficult solution; irritation of the lungs by dust, smoke or disagreeable odours of a strong kind: and especially any considerable emotion of the mind.

1414. Such are the chief circumstances of this disease, and it is of various event; which, however, may be commonly foreseen by attending to the following considerations.

The younger that children are, they are in the greater danger from this disease; and of those to whom it proves fatal, there are many more under two years old than above it.

The older that children are, they are the more secure against an unhappy event; and this I hold to be a very general rule, though I own there are many exceptions to it.

Children born of phthisical and asthmatic parents are in the greatest danger from this disease.

When the disease, beginning in the form of a catarrh, is attended with fever and difficult breathing, and with little expectoration, it often proves fatal, without taking on the form of the hoopingcough; but, in most of such cases, the coming on of the convulsive cough and hooping, bringing on at the same time a more free expectoration, generally removes the danger.

When the disease, is fully formed, if the fits are neither frequent nor violent, with moderate expectoration, and the patient, during the intervals of the fits, is easy, keeps his appetite, gets sleep, and is without fever or difficult breathing, the disease is attended with no danger; and these circumstances becoming daily more favourable, the disease very soon spontaneously terminates.

An expectoration, either very scanty or very copious, is attended with danger; especially if the latter circumstance is attended with great difficulty of breathing.

Those cases in which the fits terminate by a vomiting, and are immediately followed by a craving of food, are generally without danger.

A moderate hæmorrhagy from the nose often proves salutary; but very large hæmorrhagies are generally very hurtful.

This disease coming upon persons under a state of much debility, has very generally an unhappy event.

The danger of this disease sometimes arises from the violence of the fits of coughing, occasioning apoplexy, epilepsy, or immediate suffocation: but these accidents are very rare; and the danger of the disease seems generally to be in proportion to the fever and dyspnœa attending it.

1415. The cure of this disease has been always considered as difficult, whether the purpose be to obviate its fatal tendency when it is violent, or merely to shorten the course of it when it is mild. When the contagion is recent, and continues to act, we neither know how to correct, nor how to expel it; and therefore the disease necessarily continues for some time: but it is probable, that the contagion in this, as in other instances, ceases at length to act; and that then the disease continues, as in other convulsive affections, by the power of habit alone.

1416. From this view of the matter I maintain, that the practice must be different, and adapted to two different indications, according to the period of the disease. At the beginning of the disease, and for some time after, the remedies to be employed must be such as may obviate the violent effects of the disease, and the fatal tendency of it; but, after the disease has continued for some time, and is without any violent symptoms, the only remedies which can be required are those which may interrupt its course, and put an entire stop to it sooner than it would have spontaneously ceased.

1417. For answering the first indication. In plethoric subjects, or in others, when from the circumstances

of the cough and fits it appears that the blood is difficultly transmitted through the lungs, blood-letting is a necessary remedy; and it may be even necessary to repeat it, especially in the beginning of the disease; but, as spasmodic affections do not commonly admit of much bleeding, so it is seldom proper in the chincough to repeat this remedy often.

1418. As costiveness frequently attends this disease, so it is necessary to obviate or remove it by laxatives employed; and keeping an open belly is generally useful: but large evacuations in this way are commonly hurtful.

1419. To obviate or remove the inflammatory determination to the lungs that sometimes occur in this disease, blistering is often useful, and even repeated blistering has been of service; but issues have not so much effect, and should by no means supersede the repeated blistering that may be indicated. When blisters are proper, they are more effectual when applied to the thorax, than when applied to any distant parts.

1420. Of all other remedies, emetics are the most useful in this disease; both in general by interrupting the return of spasmodic affections, and in particular by determining very powerfully to the surface of the body, and thereby taking off determinations to the lungs. For these purposes, I think, full vomiting is frequently to be employed; and, in the intervals necessary to be left between the times of full vomiting, nauseating doses of the antimonial emetics may be useful. I have never found the *sulphur auratum*, so much praised by Closius, to be a convenient medicine, on account of the uncertainty of its dose; and the tartar emetic employed in the manner directed by the late Dr. Fothergill, has appeared to be more useful.

1421. These are the remedies to be employed in the

first stage of the disease for obviating its fatal tendency, and putting it into a safe train. But in the second stage, when I suppose the contagion has ceased to act, and that the disease continues merely by the power of habit, a different indication arises, and different remedies are to be employed.

1422. This disease, which often continues for a long time, does not, in my opinion, continue during the whole of that time in consequence of the contagion's remaining in the body and continuing to act in it. That the disease does often continue long after the contagion has ceased to act, and that too by the power of habit alone, appears to me probable from hence, that terror has frequently cured the disease; that any considerable change in the state of the system, such as the coming on of the small-pox, has also cured it; and lastly, that it has been cured by antispasmodic and tonic medicines; whilst none of all these means of cure can be supposed either to correct or to expel a morbid matter, though they are evidently suited to change the state and habits of the nervous system.

1423. From this view we are directed to the indication that may be formed, and in a great measure to the remedies which may be employed in what we suppose to be the second stage of the disease. It may perhaps be alleged, that this indication of shortening the course of the disease is not very important or necessary, as it supposes that the danger or violence is over, and in consequence, that the disease will soon spontaneously cease.

The last supposition, however, is not well founded; as the disease, like many other convulsive and spasmodic affections, may continue for a long time by the power of habit alone, and by the repetition of paroxysms, may have hurtful effects; more especially as the violence of

paroxysms, and therefore their hurtful effects, may be much aggravated by various external causes that may be accidentally applied. Our indication, therefore, is proper; and we proceed to consider the several remedies which may be employed to answer it.

1424. Terror may possibly be a powerful remedy, but it is difficult to measure the degree of it that shall be produced; and, as a slight degree of it may be ineffectual, and a high degree of it dangerous, I cannot propose to employ it.

1425. The other remedies which we suppose suited to our second indication, and which indeed have been frequently employed in this disease, are antispasmodic or tonics.

Of the antispasmodics, castor has been particularly recommended by Dr. Morris; but in many trials we have not found it effectual.

With more probability musk has been employed: but whether it be from our not having it of a genuine kind, or not employing it in sufficiently large doses, I cannot determine; but we have not found it commonly successful. Of antispasmodics, the most certainly powerful is opium: and when there is no considerable fever or difficulty of breathing present, opium has often proved useful in moderating the violence of the chin-cough; but I have not known it employed so as entirely to cure the disease.

If hemlock has proved a remedy in this disease, as we must believe from Dr. Butter's accounts, I agree with that author, that it is to be considered as an antispasmodic. Upon this supposition, it is a probable remedy; and from the accounts of Dr. Butter and some others, it seems to have been often useful: but, in our trials, it has often disappointed us, perhaps from the preparation of it not having been always proper.

1426. Of the tonics, I consider the cupmoss, formerly celebrated, as of this kind; as also the bark of the mistletoe; but I have had no experience of either, as I have always trusted to the Peruvian bark. I consider the use of this medicine as the most certain means of curing the disease in its second stage; and when there has been little fever present, and a sufficient quantity of the bark has been given, it has seldom failed of soon putting an end to the disease.

1427. When convulsive disorders may be supposed to continue by the force of habit alone, it has been found that a considerable change in the whole of the circumstances and manner of life has proved a cure of such diseases; and analogy has supplied this in the case of the chincough so far, that a change of air has been employed, and supposed to be useful. In several instances I have observed it to be so; but I have never found the effects of it durable, or sufficient to put an entire stop to the disease.

SECTION III.

OF THE SPASMODIC AFFECTIONS IN THE NATURAL FUNCTIONS.

CHAPTER VIII.

OF THE PYROSIS, OR WHAT IS NAMED IN SCOTLAND, THE WATER-BRASH.*

1428. THE painful sensations referred to the stomach, and which are probably occasioned by real affections of

* We have known a few cases of pyrosis to be successfully treated by a mixture of equal quantities of lime-water and new milk, in the dose of a tea-

this organ, are of different kinds. Probably they proceed from affections of different natures, and should therefore be distinguished by different appellations; but I must own that the utmost precision in this matter will be difficult. In my essay towards a methodical nosology, I have, however, attempted it. For those pains that are either acute and pungent, or accompanied with a sense of distention, or with a sense of constriction, if they are at the same time, not attended with any sense of acrimony or heat, I employ the appellation of *gastrodynia*. To express those painful or uneasy sensations which seem to arise from a sense of acrimony irritating the part, or from such a sense of heat as the application of acrids, whether externally or internally applied, often gives, I employ the term of *cardialgia*; and by this I particularly mean to denote those feelings which are expressed by the term *heartburn* in the English language. I think the term *soda* has been commonly employed by practical writers to express an affection attended with feelings of the latter kind.

1429. Beside the pains denoted by the terms *gastrodynia*, *periadynia*, *cardialgia*, and *soda*, there is, I think, another painful sensation different from all of these, which is named by Mr. *Sauvages*, *pyrosis suecica*; and his account of it is taken from *Linnæus*, who names it *cardialgia sputatoria*. Under the title of *pyrosis*, Mr.

ble-spoonful five or six times a day; with the occasional use of opiates, and of blisters to the epigastric region.

For the cure of this disease, the oxyd of bismuth is highly recommended. Five grains of that medicine, with a scruple of gum tragacanth, may be taken, by an adult, three or four times a day.

The *nux vomica*, recommended by *Linnæus*, may be exhibited in ten grain doses, to be repeated twice or three times a day.

A good rule for persons subject to this disease is, never to allow their stomachs to become entirely empty, but to eat, occasionally, even on awaking at night, if the disease attack them in the morning, a cracker or a bit of crust of bread.

Sauvages has formed a genus, of which the whole of the species, except the eighth, which he gives under the title of *Pyrosis suecica*, are all of them species of the *gastrodynia* or of the *cardialgia*; and if there is a genus to be formed under the title of *pyrosis*, it can in my opinion comprehend only the species I have mentioned. In this case, indeed, I own that the term is not very proper; but my aversion to introduce new names has made me continue to employ the term of Mr. Sauvages.

1430. The *Gastrodynia* and *Cardialgia* I judge to be for the most part symptomatic affections; and therefore have given them no place in this work: but the *Pyrosis*, as an idiopathic disease, and never before treated of in any system, I propose to treat of here.

1431. It is a disease frequent among people in lower life; but occurs also, though more rarely, in people of better condition. Though frequent in Scotland, it is by no means so frequent as Linnæus reports it to be in Lapland. It appears most commonly in persons under middle age, but seldom in any persons before the age of puberty. When it has once taken place, it is ready to recur occasionally for a long time after; but it seldom appears in persons considerably advanced in life. It affects both sexes, but more frequently the female. It sometimes attacks pregnant women, and some women only when they are in that condition. Of other women, it more frequently affects the unmarried; and of the married, most frequently the barren. I have had many instances of its occurring in women labouring under a *fluor albus*.

1432. The fits of this disease usually come on in the morning and forenoon, when the stomach is empty. The first symptom of it is a pain at the pit of the stomach, with a sense of constriction, as if the stomach

was drawn towards the back; the pain is increased by raising the body into an erect posture, and therefore the body is bended forward. This pain is often very severe; and after continuing for some time, it brings on an eructation of a thin watery fluid in considerable quantity. This fluid has sometimes an acrid taste, but is very often absolutely insipid. The eructation is for some time frequently repeated; and does not immediately give relief to the pain which preceded it, but does so at length, and puts an end to the fit.

1433. The fits of this disease commonly come on without any evident exciting cause: and I have not found it steadily connected with any particular diet. It attacks persons using animal food, but I think more frequently those living on milk and farinacea. It seems often to be excited by cold applied to the lower extremities; and is readily excited by any considerable emotion of mind. It is often without any symptoms of dyspepsia.

1434. The nature of this affection is not very obvious; but I think it may be explained in this manner: It seems to begin by a spasm of the muscular fibres of the stomach; which is afterwards, in a certain manner, communicated to the blood-vessels and exhalants, so as to increase the impetus of fluids in these vessels, while a constriction takes place on their extremities. While therefore the increased impetus determines a greater quantity than usual of fluids into these vessels, the constriction upon their extremities allows only the pure watery parts to be poured out, analogous, as I judge, in every respect to what happens in the diabetes hystericus.

1435. The practice in this disease is as difficult as the theory. The paroxysm is only to be certainly relieved by opium. Other antispasmodics, as vitriolic ether and volatile alkali, are sometimes of service, but

not constantly so. Although opium and other antispasmodics relieve the fits, they have no effect in preventing their recurrence. For this purpose, the whole of the remedies of dyspepsia have been employed without success. Of the use of the *nux vomica*, mentioned as a remedy by Linnæus, I have had no experience.

CHAPTER IX.

OF THE COLIC.*

1436. THE principal symptom of this disease, is a pain felt in the lower belly. It is seldom fixed and pungent in one part, but is a painful distention in some measure spreading over the whole of the belly; and particularly with a sense of twisting or wringing round the navel. At the same time, with this pain, the navel and teguments of the belly are frequently drawn inwards, and often the muscles of the belly are spasmodically contracted, and this in separate portions, giving the appearance of a bag full of round balls.

1437. Such pains in a certain degree, sometimes occur in cases of diarrhœa and cholera; but these are less violent and more transitory, and are named Gripings. It is only when more violent and permanent, and attended with costiveness, that they constitute colic. This is also attended with vomiting, which in many cases is frequently repeated, especially when any thing is taken down into the stomach; and in such vomitings,

* Bilious colic is always a febrile disease, and, like other forms of pyrexia, is ushered in by a chill. It may be regarded as a bilious fever thrown on the bowels. The chill, by which it is introduced, distinguishes it from other kinds of colic.

not only the contents of the stomach are thrown up, but also the contents of the duodenum, and therefore frequently a quantity of bile.

1438. In some cases of colic, the peristaltic motion is inverted through the whole length of the alimentary canal, in such a manner that the contents of the great guts, and therefore, stercoraceous matter, is thrown up by vomiting; and the same inversion appears still more clearly from this, that what is thrown into the rectum by glyster is again thrown out by the mouth. In these circumstances of inversion the disease has been named Ileus, or the Iliac Passion; and this has been supposed to be a peculiar disease distinct from colic; but to me it appears that the two diseases are owing to the same proximate cause, and have the same symptoms, only in a different degree.

1439. The colic is often without any pyrexia attending it. Sometimes, however, an inflammation comes upon the part of the intestine especially affected; and this inflammation aggravates all the symptoms of the disease, being probably what brings on the most considerable inversion of the peristaltic motion; and, as the stercoraceous vomiting is what especially distinguishes the ileus, this has been considered as always depending on an inflammation of the intestines. However, I can affirm, that as there are inflammations of the intestines without stercoraceous vomiting, so I have seen instances of stercoraceous vomiting without inflammation; and there is therefore no ground for distinguishing ileus from colic, but as a higher degree of the same affection.

1440. The symptoms of the colic, and the dissections of bodies dead of this disease, show very clearly that it depends upon a spasmodic constriction of a part of the intestines, and that this therefore is to be considered as the proximate cause of the disease. In some of the

dissections of persons dead of this disease, an intus-susception has been remarked to have happened; but whether this be constantly the case in all the appearances of ileus, is not certainly determined.

1441. The colic has commonly been considered as being of different species, but I cannot follow the writers on this subject in the distinctions they have established. So far, however, as a difference of the remote cause constitutes a difference of species, a distinction may perhaps be admitted; and accordingly in my *Nosology* I have marked seven different species: but I am well persuaded, that in all these different species the proximate cause is the same, that is, a spasmodic constriction of a part of the intestines: and consequently, that in all these cases the indication of cure is the same, that is, to remove the constriction mentioned. Even in the several species named *Stercorea*, *Callosa*, and *Calculosa*, in which the disease depends upon an obstruction of the intestine, I am persuaded that these obstructions do not produce the symptoms of colic, excepting in so far as they produce spasmodic constrictions of the intestines; and therefore, that the means of cure in these cases, so far as they admit of cure, must be obtained by the means which the general indication above mentioned suggests.

1442. The cure, then, of the colic universally, is to be obtained by removing the spasmodic constrictions of the intestines; and the remedies suited to this purpose may be referred to three general heads.

1. The taking off the spasm by various antispasmodic powers.
2. The exciting the action of the intestines by purgatives.

3. The employing mechanical dilatation.*

1443. Before entering upon a particular account of these remedies, it will be proper to observe, that in all cases of violent colic, it is advisable to practice blood-letting; both as it may be useful in obviating the inflammation which is commonly to be apprehended, and even as it may be a means of relaxing the spasm of the intestine. This remedy may perhaps be improper in persons of a weak and lax habit, but in all persons of tolerable vigour it will be a safe remedy; and in all cases where there is the least suspicion of an inflammation actually coming on, it will be absolutely necessary. Nay, it will be even proper to repeat it perhaps several times, if, with a full and hard pulse, the appearance of blood drawn, and the relief obtained by the first bleeding, shall authorise such repetition.

1444. The antispasmodic powers that may be employed, are, the application of heat in a dry or humid

* The leading indication of cure, in the treatment of colic, is, to evacuate thoroughly the alimentary canal. Opiates, and other remedies, employed previously to this process, are useful only, or principally, as far as they facilitate the retention of purgatives on the stomach and in their operation. The complete evacuation of the alimentary canal, with blood-letting, and blisters to the abdomen, to prevent intestinal inflammation, and the judicious employment of opiates, seldom fail to effect a cure.

Opiates should seldom be administered previously to purgatives, unless with a view to suppress vomiting, or relieve pain, which cannot be tolerated. In cases, however, that have not been preceded by costiveness, or which have been brought on by passions or affections of the mind, or by the immediate action of cold, opiates may be safely and usefully administered, even before the exhibition of purgatives.

In cases where opiates are forbidden, the pain of colic may be relieved by warm fomentations to the abdomen, or by the use of the warm bath. Of these two remedies the latter is preferable, when no circumstances exist to render it improper. By acting favourably on the skin, and subduing a kind of spasm which there exists, it tends, not a little, to remove by sympathy the spasm and painful excitement of the intestines.

A similar effect may, to a considerable extent, be produced, by passing equally and with as much tightness as can be borne without inconvenience, a flannel roller around the body from the pubes to the scrofuliculus cordis:

form, the application of blisters, the use of opium, and the use of mild oils.

The application of heat in a dry form, has been employed by applying to the belly of the patient a living animal, or bladders filled with warm water, or bags of substances which long retain their heat; and all these have sometimes been applied with success; but none of them seem to me so powerful as the application of heat in a humid form.

This may be employed either by the immersion of a great part of the body in warm water, or by fomenting the belly with cloths wrung out of hot water. The immersion has advantages from the application of it to a greater part of the body, and particularly to the lower extremities: but immersion cannot always be conveniently practised, and fomentation may have the advantage of being longer continued; and it may have nearly all the benefit of immersion, if it be at the same time applied both to the belly and to the lower extremities.

1445. From considering that the teguments of the lower belly have such a connection with the intestines, as at the same time to be affected with spasmotic contraction, we perceive that blisters applied to the belly may have the effect of taking off the spasms both from the muscles of the belly and from the intestines; and accordingly, blistering has often been employed in the colic with advantage. Analogous to this, rubefacients applied to the belly have been frequently found useful.

1446. The use of opium in the colic may seem to be an ambiguous remedy. Very certainly it may for some time relieve the pain, which is often so violent and urgent that it is difficult to abstain from the use of such a remedy. At the same time, the use of opium retards or suspends the peristaltic motion so much, as to allow the intestines to fall into constrictions; and may there-

fore, while it relieves the pain, render the cause of the disease more obstinate. On this account, and further as opium prevents the operation of purgatives so often necessary in this disease, many practitioners are averse to the use of it, and some entirely reject the use of it as hurtful. There are, however, others who think they can employ opium in this disease with much advantage.

In all cases where the colic comes on without any previous costiveness, and arises from cold, from passions of the mind, or other causes which operate especially on the nervous system, opium proves a safe and certain remedy; but in cases which have been preceded by costiveness, has however continued for some days without a stool, so that a stagnation of faeces in the colon is to be suspected, the use of opium is of doubtful effect. In such cases, unless a stool has been first procured by medicine, opium cannot be employed but with some hazard of aggravating the disease. However, even in those circumstances of costiveness, when, without inflammation, the violence of the spasm is to be suspected, when vomiting prevents the exhibition of purgatives, and when with all this the pain is extremely urgent, opium is to be employed, not only as an anodyne, but also as an antispasmodic, necessary to favour the operation of purgatives; and may be so employed, when, either at the same time with the opiate, or not long after it, a purgative can be exhibited.

Is the *hyoscyamus*, as often showing, along with its narcotic, a purgative quality, better suited to this disease than opium?

1447. It is seemingly on good grounds that several practitioners have recommended the large use of mild oils in this disease, both as antispasmodics and as laxatives; and, where the palate and stomach could admit them, I have found them very useful. But as there are

few Scottish stomachs that can admit a large use of oils, I have had few opportunities of employing them.

1448. The second set of remedies adapted to the cure of colic, are purgatives; which, by exciting the action of the intestines, either above or below the obstructed place, may remove the constriction; and therefore these purgatives may be given either by the mouth, or thrown by glysters into the anus. As the disease is often seated in the great guts; as glysters, by having a more sudden operation, may give more immediate relief; and as purgatives given by the mouth are ready to be rejected by vomiting; so it is common, and indeed proper, to attempt curing the colic in the first place by glysters. These may at first be of the mildest kind, consisting of a large bulk of water, with some quantity of mild oil; and such are sometimes sufficiently efficacious: however, they are not always so; and it is commonly necessary to render them more powerfully stimulant by the addition of neutral salts, of which the most powerful is the common or marine salt. If these saline glysters, as sometimes happens, are rendered again too quickly, and on this or otherwise are found ineffectual, it may be proper instead of these salts, to add to the glysters an infusion of senna, or of some other purgative that can be extracted by water. The antimonial wine may be sometimes employed in glysters with advantage. Hardly any glysters are more effectual than those made of turpentine properly prepared. When all other injections are found ineffectual, recourse is to be had to the injection of tobacco smoke; and, when even this fails, recourse is to be had to the mechanical dilatation to be mentioned hereafter.*

* We repeat, that our author is mistaken, in representing purgatives as the "second set of remedies" in the treatment of the colic. When the stomach can retain them, and no peculiarities exist to prevent their use, they

1449. As glysters often fail altogether in relieving this disease, and as even when they give some relief they are often imperfect in producing a complete cure; so it is generally proper, and often necessary, to attempt a more entire and certain cure by purgatives given by the mouth. The more powerful of these, or, as they are called, the drastic purgatives, may be sometimes necessary; but their use is to be avoided, both because they are apt to be rejected by vomiting, and because when they do not succeed in removing the obstruction they are ready to induce an inflammation. Upon this account it is usual, and indeed proper, at least in the first place, to employ the milder and less inflammatory purgatives. None have succeeded with me better than the chrystals of tartar, because this medicine may be given in small but repeated doses to a considerable quantity; and under this management it is the purgative least ready to be rejected by vomiting, and much less so than the other neutral salts. If a stronger purgative be required, jalap properly prepared, is less offensive to the palate, and sits better upon the stomach, than most other powerful purgatives. On many occasions of colic, nothing is more effectually purgative than a large dose of calomel. Some practitioners have attempted to remove the obstruction of the intestines by antimonial emetics

are unquestionably the *first*. If the stomach be altogether unretentive, injections constitute the best substitute for the use of purgatives. The antimonial injection, consisting of from fifteen to twenty grains, of tartarized antimony, dissolved in a suitable quantity of water, and carefully administered, is an important remedy. So is the turpentine injection, composed of from half an ounce, to six drachms, of Venice turpentine, mixed in a pint of tepid water, by means of the yolks of two or three eggs.

An injection more powerful, perhaps, than either, may be prepared, by boiling half a drachm of tobacco, in a quart of water, until it be reduced to a pint. This may be used at once, or twice, as circumstances may require.

An excellent common injection, consists of a solution of Glauber's salts, in water or chamomile tea, or of balsam capivi, mixed in water, by means of the yolk of an egg.

exhibited in small doses, repeated at proper intervals; and when these doses are not entirely rejected by vomiting, they often prove effectual purgatives.

When every purgative has failed, the action of the intestines has been effectually excited by throwing cold water on the lower extremities.*

1450. The third means of overcoming the spasm of the intestines in this disease, is by employing a mechanical dilatation; and it has been frequently supposed that quicksilver, given in large quantity, might operate in this manner. I have not, however, found it successful; and the theory of it is with me very doubtful. Some authors have mentioned the use of gold and silver pills, or, balls, swallowed down; but I have no experience of such practices, and I cannot suppose them a probable means of relief.

1451. Another means of mechanical dilatation and a more probable measure, is by injecting a large quantity of warm water by a proper syringe, which may throw it with some force, and in a continued stream, into the rectum. Both from the experiments reported by the late Mr. De Haen, and from those I myself have had occasion to make, I judge this remedy to be one of the most powerful and effectual.†

1452. I have now mentioned all the several means that may be employed for the cure of the colic, consi-

* A purgative, which we have found to answer exceedingly well, and of which the stomach is usually retentive, consists of Glauber's, Rochelle, or Epsom salts, dissolved in Seltzer water, and taken in moderate doses, repeated every hour, until it shall have operated.

When the stomach can retain it, castor oil is a very valuable purgative. So is calomel, followed, in an hour or two, by jalap and cream of tartar.

Injections of cold water have succeeded in moving the bowels, in colic, when other remedies have failed.

† Two gallons of tepid water are said to have been thrown into the intestines of some patients, with the happiest effects. Of this mode of practice we have had no experience.

dered as a genus; but before I quit this subject, it may be expected that I should take notice of some of the species which may seem to require a particular consideration. In this view it may be expected that I should especially take notice of that species named the colic of Poitou, and particularly known in England by the name of the Devonshire colic.*

1453. This species of the disease is certainly a peculiar one, both in respect of its cause and its effects; but, as to the first, it has been lately so much the subject of investigation, and is so well ascertained by the learned physicians Sir George Baker and Dr. Hardy, that it is unnecessary for me to say any thing of it here.

With respect to the cure of it, so far as it appears in the form of a colic, my want of experience concerning it does not allow me to speak with any confidence on the subject; but, so far as I can learn from others, it appears to me, that it is to be treated by all the several means that I have proposed above for the cure of colic in general.

How far the peculiar effects of this disease are to be certainly foreseen and obviated, I have not properly learned; and I must leave the matter to be determined by those who have had sufficient experience in it.

CHAPTER X.

OF THE CHOLERA.

1454. IN this disease, a vomiting and purging concurring together, or frequently alternating with one an-

* The most prompt and certain remedy, we have ever seen employed, in the treatment of *colica pictonum*, is a mercurial ptyalism. When adopted early in the disease, it seldom fails to effect a cure.

ther, are the chief symptoms. The matter rejected both upwards and downwards appears manifestly to consist chiefly of bile.

1455. From this last circumstance I conclude, that the disease depends upon an increased secretion of bile, and its copious effusion into the alimentary canal: and, as in this it irritates and excites the motions above mentioned, I infer, that the bile thus effused in larger quantity is at the same time also of a more acrid quality. This appears likewise from the violent and very painful gripings that attend the disease, and which we can impute only to the violent spasmodic contractions of the intestines that take place here. These spasms are commonly communicated to the abdominal muscles, and very frequently to those of the extremities.*

1456. In the manner now described, the disease frequently proceeds with great violence, till the strength of the patient is greatly, and often suddenly, weakened; while a coldness of the extremities, cold sweats, and faintings, coming on, an end is put to the patient's life, sometimes in the course of one day. In other cases the disease is less violent, continues for a day or two, and then ceases by degrees; though such recoveries seldom happen without the use of remedies.

* Cholera morbus is as completely a gastric affection, as any one in the whole catalogue of diseases. Gastritis itself is not more so. The original irritation is in the stomach; and the augmented secretion of bile follows as a consequence. Our author, therefore, has evidently mistaken the effect for the cause—a mere symptom, for the original disease.

In evidence of the truth of what we have said, we would observe, that the first discharges, in this disease, are not bilious; but consist merely of the contents of the stomach and bowels. No bile is evacuated, until it has been first secreted, as an effect of the disease—at least, it is not evacuated in large quantities until thus produced. Nor does that fluid appear to be characterized by any unusual acrimony in cholera. It is probably more bland than even in health; being discharged, as soon as secreted; and having, therefore, no time to acquire acrid qualities, by the absorption of its aqueous portion.

1457. The attacks of this disease are seldom accompanied with any symptoms of pyrexia; and though, during the course of it, both the pulse and respiration are hurried and irregular, yet these symptoms are generally so entirely removed by the remedies that quiet the spasmodic affection peculiar to the disease, as to leave no ground for supposing that it had been accompanied by any proper pyrexia.

1458. This is a disease attending a very warm state of the air; and, in very warm climates, it may perhaps appear at any time of the year: but even in such climates it is most frequent during their warmest seasons; and in temperate climates, it appears only in the warm seasons. Dr. Sydenham considered the appearances of this disease in England to be confined to the month of August; but he himself observed it to appear sometimes towards the end of summer, when the season was unusually warm: and that, in proportion to the heat, the violence of the disease was greater. Others have observed that it appeared more early in summer, and always sooner or later, according as the great heats sooner or later set in.

1459. From all these circumstances, it is, I think, very evident, that this disease is the effect of a warm atmosphere, producing some change in the state of the bile in the human body: and the change may consist, either in the matter of the bile being rendered more acrid, and thereby fitted to excite a more copious secretion; or, in the same matter, its being prepared to pass off in larger quantity than usual.

1460. It has been remarked, that in warm climates and seasons, after extremely hot and dry weather, a fall of rain cooling the atmosphere seems especially to bring on this disease; and it is very probable that an obstructed perspiration may have also a share in this, though it

is also certain that the disease does appear when no change in the temperature of the air, nor any application of cold has been observed.

1461. It is possible, that, in some cases, the heat of the season may give only a predisposition, and that the disease may be excited by certain ingestæ or other causes; but it is equally certain, that the disease has occurred without any previous change or error, either in diet, or in the manner of life, that could be observed.*

1462. The Nosologists have constituted a genus under the title of **Cholera**, and under this have arranged as a species every affection in which a vomiting and purging of any kind happened to concur. In many of these species, however, the matter evacuated is not biliary; nor does the evacuation proceed from any cause in the state of the atmosphere. Further, in many of these species also, the vomiting which occurs is not an essential, but merely an accidental symptom from the particular violence of the disease. The appellation of **Cholera**, therefore, should, in my opinion, be confined to the disease I have described above; which by its peculiar cause, and perhaps also by its symptoms, is very different from all the other species that have been associated with it. I believe that all the other species arranged under the title of **Cholera** by Sauvages or Sagar, may be properly enough referred to the genus of **Diarrhœa**; which we are to treat of in the next chapter.

✓ The distinction I have endeavoured to establish be-

* The appearance of cholera, independently of improper exposure, or some impropriety in diet or drink, is a rare occurrence. In an adult, we have never witnessed an event of this kind; it being always practicable to derive the disease from some exciting cause. In relation to children, we are persuaded the fact would be found equally true, were we able to obtain the necessary information.

tween the proper Cholera, and the other diseases that have sometimes got the same appellation, will, as I judge, supersede the question, Whether the Cholera, in temperate climates, happens at any other season than that above assigned?

1463. In the case of a genuine cholera, the cure of it has been long established by experience.

In the beginning of the disease, the evacuation of the redundant bile is to be favoured by the plentiful exhibition of mild diluents, both given by the mouth, and injected by the anus; and all evacuant medicines, employed in either way, are not only superfluous, but commonly hurtful.*

1464. When the redundant bile appears to be sufficiently washed out, and even before that, if the spasmodic affections of the alimentary canal become very violent, and are communicated in a considerable degree to other parts of the body, or when a dangerous debility seems to be induced, the irritation is to be immediately obviated by opiates in sufficiently large doses, but in small bulk, and given either by the mouth, or by glyster.†

* In the United States, it is rarely, we think, necessary to give any thing for the purpose of "favouring the evacuation;" the emotions excited by the complaint itself, being amply sufficient for that purpose. The exhibition of a little tepid water, to facilitate the operation of vomiting, and thus, the more speedily and completely to evacuate the contents of the alimentary canal, is, perhaps, occasionally useful. But, as soon as the irritating *ingesta* are discharged, the indication is, to allay the commotion, and thus prevent any further evacuation.

† Opium, in substance, is preferable to any liquid preparation of it. We have found a pill, consisting of half a grain, exhibited every half hour, to be productive of very salutary effects. Should this practice fail to check the disease, in three or four hours, let from two to three drachms of laudanum, mixed in a little flaxseed tea or barley water, be given by injection, and repeated as circumstances may require.

In the mean time, external applications are not without their use.

Let flannel, wet in some spirits or brandy, be placed on the abdomen, and

1465. Though the patient be in this manner relieved, it frequently happens, that when the operation of the

wrapt round the extremities. The efficacy of this remedy appears to be increased, by mixing with the liquor used, some oil or essence of mint.

Blisters and sinapisms may be advantageously applied to the same parts. So may pulverized pepper, ginger, or other spices, formed into a plaster, by means of soap, and moistened with spirits.

A patient in cholera, should never swallow more of any liquid than a mouthful or two at a time. Nor ought even that to be frequently repeated. The mere mechanical distention of the stomach will produce vomiting.

We have known much relief to be derived, in this disease, from swallowing, every half hour, or oftener, half a wine-glassful of soda or seltzer water.

An infusion of dried mint is also a very pleasant and useful beverage.

After the stomach and bowels have been thoroughly evacuated of their irritating contents, a flannel roller, passed, with some degree of tightness, round the abdomen, is found to be a useful remedy.

CHOLERA INFANTUM.

One of the most troublesome diseases, with which the physicians of the United States are called to contend, is the Cholera Infantum.

This is a disease of the summer season, and is productive of great mortality. It occurs principally in large cities; and is most troublesome to children, from about the fifth or sixth month, until the close of the second year of their age. It attacks them, occasionally, at a later period; but not with such violence, nor in so dangerous a form.

The predisposing cause of Cholera Infantum, is the warmth and impurity of the air of a large city, during the summer months; the chief exciting causes, improprieties in articles of clothing and food. Sudden changes in the atmosphere, from heat to cold, and from dryness to humidity, are also calculated to bring it into action.

The fruits of the season are a most prolific source of this disease. Children, under their third year, should never be suffered to touch them.

It is a popular belief, that ripe fruits are innocent: some think salutary. This is an error fraught with mischief. Whether ripe or green—although most so in the latter state—they are certainly productive of the complaint we are considering.

Cholera Infantum is most obstinate and fatal during dentition: by which it, therefore, appears to be aggravated.

In a large city, the most efficacious mode of treating this disease, is to send the subjects of it to reside in the pure air of the country, where they speedily recover. If this measure be adopted early in the complaint, the cure is certain: and it often succeeds, even when appearances are almost hopeless.

opium is over, the disease shows a tendency to return; and, for at least some days after the first attack, the

In cases where a removal to the country, if not impracticable, is highly inconvenient, the following course of practice may be advantageously pursued.

Evacuate completely the alimentary canal, of all its offensive and irritating contents. This may be best effected by ipecacuanha, as an emetic, and calomel or castor oil as a purgative. If the pulse be active and strong, as is sometimes the case, a few ounces of blood may be drawn with advantage.

These things being done, let irritation be calmed by means of opiates; and, if no febrile symptoms forbid, tone restored to the stomach and bowels, by a decoction of colombo, quassia, or centaury. The first of these remedies we think entitled to a preference.

The most suitable articles of diet are, liquid farinaceous preparations; such as rice or barley water, gruel, made of oat-meal parched, panado, prepared from well-baked biscuit, arrow-root or tapioca. These preparations should be sweetened with loaf sugar; and, provided no febrile symptoms exist, a small quantity of some grateful aromatic may be advantageously added to them.

In case the puking continue obstinate, external applications become indispensable.

Green peppermint, stewed in brandy, applied to the wrists and stomach, and frequently renewed, is highly useful. So are plasters of Venice treacle, or of soap and powdered cloves, applied to the same parts.

If these remedies fail to check the vomiting, recourse must be had to blisters; which are also to be applied to the stomach and wrists.

A pleasant and useful drink, under these circumstances, is, an infusion of the dried leaves of peppermint, or weak brandy and water, sweetened with loaf sugar. Care should, however, be taken, that too much drink be not swallowed at a time; otherwise the stimulus of distention will prove injurious.

Anodyne injections, judiciously administered, are serviceable.

When the stomach becomes retentive, and nothing but a troublesome diarrhoea remains, astringent preparations may be tried with advantage. Of these, a decoction of cinnamon, of logwood, of the root of the dew-berry briar, and of pomegranate peel, are among the most useful.

Saccharum Saturni, combined with opium, may be also advantageously employed.

In the treatment of children, it is highly important, to render medicines, as far as practicable, agreeable to the palate. When, in the disease we are considering, sweetening is used, for this purpose, it should be of the best refined loaf sugar.

To relieve griping, and determine to the skin, the warm bath may, at times, be usefully employed. This is more especially the case, when the complaint immediately succeeds the disappearance of a cutaneous eruption.

irritability of the intestines, and their disposition to fall into painful spasmodic contractions, seem to continue. In this situation, the repetition of the opiates, for perhaps several days, may come to be necessary; and as the debility commonly induced by the disease favours the disposition to spasmodic affections, it is often useful and necessary, together with the opiates, to employ the tonic powers of the Peruvian bark.

The efficacy of the warm bath is increased, by impregnating the water with muriate of soda.

If there be a coldness and torpor of the skin, warm spirituous fomentations to the abdomen prove somewhat advantageous. The patient should, in the mean time, be clothed in flannel.

If, notwithstanding the treatment here directed, the disease continue, with frequent bilious evacuations, a hot skin and an excess of arterial action, there is reason to suspect hepatic derangement.

In that case the indication is, an alterative course of mercury, connected with blistering on the region of the liver. The blue pill constitutes the preparation most suitable to the infantile constitution.

The amount of this article administered must vary according to circumstances, of which the practitioner must be himself the judge.

The best substitute in large cities for the pure air of the country, is the air of the upper stories of their buildings. We are persuaded that the deleterious matter which contaminates the atmosphere, does not rise to a great elevation—it does not, perhaps, ascend above the second story of a common city dwelling.

The health of children, then, may be, in no inconsiderable degree, secured, by using as a nursery, during the summer season, a large well ventilated third-story room. We have had the experiment tried with very flattering success.

For the same reason, during an epidemic prevalence of yellow fever, adults may, to a considerable extent, preserve their health, by sleeping, and indeed *living* in their third stories.

This fact is well known, and the practice is followed, in oriental countries, where the true plague prevails.

In marshy countries, sleeping on the ground floor, contributes not a little to the propagation of bilious fever. We are persuaded that to sleep on upper stories would be much more salutary.

CHAPTER XI.

OF DIARRHŒA, OR LOOSENESS.*

1466. THIS disease consists in evacuation by stool, more frequent and of more liquid matter than usual. This leading and characteristic symptom is so diversified in its degree, in its causes, and in the variety of matter evacuated, that it is almost impossible to give any general history of the disease.

1467. It is to be distinguished from dysentery, by not being contagious; by being generally without fever; and by being with the evacuation of the natural excrements, which are, at least, for some time, retained in dysentery. The two diseases have been commonly distinguished by the gripings being more violent in the dysentery; and they are commonly less violent and less frequent in diarrhœa: but as they frequently do occur in this also, and sometimes to a considerable degree, so they do not afford any proper distinction.

1468. A diarrhœa is to be distinguished from cholera chiefly by the difference of their causes; which, in cholera, is of one peculiar kind; but in diarrhœa is prodigiously diversified, as we shall see presently. It has been common to distinguish cholera by the evacuation downwards being of bilious matter, and by this being always accompanied with a vomiting of the same kind; but it does not universally apply, as a diarrhœa is sometimes attended with vomiting, and even of bilious matter.

* Both diarrhœa and cholera ought to stand under the order Profluvia, instead of that of Spasmi.

1469. The disease of diarrhoea, thus distinguished, is very greatly diversified; but in all cases, the frequency of stools is to be imputed to a preternatural increase of the peristaltic motion in the whole, or at least in a considerable portion, of the intestinal canal. This increased action is in different degrees, is often convulsive and spasmodic, and at any rate is a *motus abnormis*: for which reason, in the Methodical Nosology, I have referred it to the order of Spasmi, and accordingly treat of it in this place.

1470. Upon the same ground, as I consider the disease named Lientery to be an increased peristaltic motion over the whole of the intestinal canal, arising from a peculiar irritability, I have considered it as merely a species of diarrhoea. The idea of a laxity of the intestinal canal being the cause either of lientery, or other species of diarrhoea, appears to me to be without foundation, except in the single case of frequent liquid stools from a palsy of the *sphincter ani*.

1471. The increased action of the peristaltic motion, I consider as always the chief part of the proximate cause of diarrhoea: but the disease is further, and indeed chiefly, diversified by the different causes of this increased action; which we are now to inquire into.

1472. The several causes of the increased action of the intestines may be referred, I think, in the first place, to two general heads.

The *first* is, of the diseases of certain parts of the body which, either from a consent of the intestines with these parts, or from the relation which the intestines have to the whole system, occasion an increased action in the intestines, without the transference of any stimulant matter from the primary diseased part to them.

The *second* head of the causes of the increased action

of the intestines is the stimuli of various kinds, which are applied directly to the intestines themselves.*

1473. These affections of other parts of the system may affect the intestines without transference or application of any of the stimulant matter; we learn from hence that the passions of the mind do in some persons excite diarrhoea.

1474. That diseases in other parts may in like manner affect the intestines, appears from the dentition of infants frequently exciting diarrhoea. I believe that the gout often affords another instance of the same kind; and probably there are others also, though not well ascertained.

1475. The stimuli (1472.) which may be applied to the intestines are of very various kinds; and are either,

1. Matters introduced by the mouth.
2. Matters poured into the intestines by the several excretaries opening into them.
3. Matters poured from certain preternatural openings made into them in certain diseases.

1476. Of those (1475, 1.) introduced by the mouth, the first to be mentioned are the aliments commonly taken in. Too great a quantity of these taken in, often prevents their due digestion in the stomach; and by

* Our author makes, in this section, one of the clearest recognitions of the doctrine of sympathy, that is any where to be found in his writings.

Of the two kinds of diarrhoea, of which he here speaks, one is the result of proximate irritation of the bowels themselves, and the other of irritation or a deleterious impression on a distant part. But, in the latter case, diarrhoea can be excited only by sympathy.

This is not a mere abstract or theoretical division of the disease; it is, in a practical point of view, peculiarly important. According as the complaint arises from proximate or remote irritation, must the treatment for the removal of it be different. In one case you must operate more on the intestines themselves; in the other, on remote but sympathizing organs.

being thus sent in their crude, and probably acrid, state to the intestines, they frequently excite diarrhoea.

The same aliments, though in proper quantity, yet having too great a proportion, as frequently happens, of saline or saccharine matter along with them, prove stimulant to the intestines, and excite diarrhoea.

But our aliments prove especially the causes of diarrhoea, according as they, from their own nature, or from the weakness of the stomach, are disposed to undergo an undue degree of fermentation there, and thereby become stimulant to the intestines. Thus acescent aliments are ready to produce diarrhoea; but whether from their having any directly purgative quality, or only as mixed in an over proportion with the bile, is not well determined.

1477. Not only the acescent, but also the putrescent disposition of the aliments, seems to occasion a diarrhoea; and it appears that even the effluvia of putrid bodies taken in any way in large quantity, have the same effect.

Are oils or fats, taken in as part of our aliments, ever the cause of diarrhoea? and if so, in what manner do they operate?*

1478. The other matters introduced by the mouth, which may be causes of diarrhoea, are those thrown in either as medicines, or poisons that have the faculty of stimulating the alimentary canal. Thus, in the list of the *Materia Medica*, we have a long catalogue of those named purgatives; and in the list of poisons, we have many possessed of the same quality. The former, given in a certain quantity, occasion a temporary diarrhoea; and given in very large doses, may occasion it in excess, and continue it longer than usual, producing that species of diarrhoea named a *Hypercatharsis*.

* If oil or fats prove indigestible, they may certainly produce diarrhoea.

1479. The matters (1475, 2.) poured into the cavity of the intestines from the excretaries opening into them, and which may occasion diarrhoea, are either those from the pancreatic or biliary duct, or those from the excretaries in the coats of the intestines themselves.

1480. What changes may happen in the pancreatic juice I do not exactly know; but I suppose that an acrid fluid may issue from the pancreas, even while still entire in its structure; but more especially when it is in a suppurated, scirrhous, or cancerous state, that a very acrid matter may be poured out by the pancreatic duct, and occasion diarrhoea.

1481. We know well, that from the biliary duct the bile may be poured out in greater quantity than usual: and there is little doubt of its being also sometimes poured out of a more than ordinary acrid quality. It is very probable, that in both ways the bile is frequently a cause of diarrhoea.

Though I have said above that diarrhoea may be commonly distinguished from cholera, I must admit here, that as the causes producing that state of the bile which occasions cholera, may occur in all the different possible degrees of force, so as, on one occasion, to produce the most violent and distinctly marked cholera; but, upon another, to produce only the gentlest diarrhoea: which, however, will be the same disease, only varying in degree: so I think it probable, that in warm climates, and in warm seasons, a *diarrhoea biliosa* of this kind may frequently occur, not to be always certainly distinguished from cholera.

However this may be, it is sufficiently probable, that, in some cases, the bile, without having been acted upon by the heat of the climate or season, may be redundant and acrid, and prove therefore a particular cause of diarrhoea.

1482. Beside bile from the several causes and in the conditions mentioned, the biliary duct may pour out pus, or other matter from abscesses in the liver, which may be the cause of diarrhoea.

Practical writers take notice of a diarrhoea wherein a thin and bloody liquid is discharged; which they suppose to have proceeded from the liver, and have therefore given the disease the name of Hepatirrhœa: but we have not met with any instance of this kind; and therefore cannot properly say any thing concerning it.

1483. A second set of excretaries, from which matter is poured into the cavity of the intestines, are those from the coats of the intestines themselves; and are either the exhalants proceeding directly from the extremities of arteries, or the excretaries from the mucous follicles: and both these sources occur in prodigious number over the internal surface of the whole intestinal canal. It is probable that it is chiefly the effusion from these sources which, in most instances, gives the matter of the liquid stools occurring in diarrhoea.*

1484. The matter from both sources may be poured out in larger quantity than usual, merely by the increased action of the intestines, whether that be excited by the passions of the mind (1473.), by diseases in other parts of the system (1472, 1.), or by the various stimulants mentioned 1476, and following; or the quantity of

* When the cutaneous perspiration is suppressed by cold, the secretory action of the vessels of the intestines is increased by *sympathy*, not by a mechanical determination of a greater quantity of fluids to the part.

We do not believe, that either urine or pus is ever taken up into the blood-vessels, and thrown off by the intestines, in the form of a diarrhoea. It is certain that they may both be absorbed; but not in their formal character. They undergo a digestion or change, in consequence of the action of the absorbents, and, being thus received into the blood-vessels, pass off again, in the common mass of excreted fluids—partly by the intestines, partly by the skin, and in part, perhaps, by the kidneys themselves. Even when the water of dropsies passes off by the intestines, it must be through the regular medium of absorption and secretion.

matter poured out may be increased, not so much by the increased action of the intestines, as by an increased afflux of fluids from other parts of the system.

Thus, cold applied to the surface of the body, and suppressing perspiration, may determine a greater quantity of fluids to the intestines.

Thus, in the *ischuria renalis*, the urine taken into the blood-vessels is sometimes determined to pass off again by the intestines.

In like manner, pus or serum may be absorbed from the cavities in which they have been stagnant, and be again poured out into the intestines, as frequently happens, in particular with respect to the water of drop-sies.

1485. It is to be observed here, that a diarrhoea may be excited not only by a copious afflux of fluids from other parts of the system, but likewise by the mere determination of various acrid matters from the mass of blood into the cavity of the intestines. Thus it is supposed that the morbific matter of fevers is sometimes thrown out into the cavity of the intestines, and gives a critical diarrhoea: and whether I do or do not admit the doctrine of critical evacuations, I think it is probable that the morbific matter of the exanthemata is frequently thrown upon the intestines, and occasions diarrhoea.

1486. It is to me further probable, that the putrescent matter diffused over the mass of blood in putrid diseases, is frequently poured out by the exhalants into the intestines, and proves there the cause, at least in part, of the diarrhoea so commonly attending these diseases.*

* 1485-6. The intelligent reader will at once perceive, that the doctrine, contained in these two articles, participates too much, of the humoral pathology, to be correct. Nor are we inclined to think much more favourably of the pathological sentiments, expressed in the four succeeding articles. They are mostly antiquated, obsolete, and erroneous.

1487. Upon this subject of the matters poured into the cavity of the intestines, I have chiefly considered them as poured out in unusual quantity, but it is probable that, for the most part, they are also changed in their quality, and become of a more acrid and stimulant nature; upon which account especially it is that they excite, or at least increase a diarrhœa.

1488. How far, and in what manner, the exhalant fluid may be changed in its nature and quality, we do not certainly know; but with respect to the fluid from the mucous excretaries, we know, that when poured out in unusual quantity, it is commonly, at the same time, in a more liquid and acrid form; and may prove, therefore, considerably irritating.

1489. Though the copious effusion of a more liquid and acrid matter from the mucous excretaries, be probably owing to the matter being poured out immediately as it is secreted from the blood into the mucous follicles, without being allowed to stagnate in the latter, so as to acquire that milder quality and thicker consistence we commonly find in the mucus in its natural state; and although we might suppose the excretions of a thin and acrid fluid should always be the effect of every determination to the mucous follicles, and of every stimulant applied to them; yet it is certain, that the reverse is sometimes the case; and that from the mucous follicles, there is frequently an increased excretion of a mucus, which appears in its proper form of a mild, viscid, and thickish matter. This commonly occurs in the case of dysentery; and it has been observed to give a species of diarrhœa, which has been properly named the *Diarrhœa Mucosa*.

1490. A third source of matter poured into the cavity of the intestines, and occasioning diarrhœa (1475, 3.) is from those preternatural openings produced by

diseases in the intestines or neighbouring parts. Thus the blood-vessels on the internal surface of the intestines may be opened by erosion, rupture, or anastomosis, and pour into the cavity their blood, which, either by its quantity, or by its acrimony, whether inherent, or acquired by stagnation, may sometimes give a diarrhœa evacuating bloody matter. This is what I think happens in that disease which has been called the *Me-*
laena, or *Morbus Niger*.

1491. Another preternatural source of matter poured into the cavity of the intestines, is the rupture of abscesses seated either in the coats of the intestines themselves, or in any of the contiguous viscera, which, during an inflamed state, had formed an adhesion with some part of the intestines. The matter thus poured into their cavity may be various, purulent, or sanious, or both together, mixed at the same time with more or less of blood; and in each of these states may be a cause of diarrhœa.

1492. Amongst the stimuli that may be directly applied to the intestines, and which, by increasing their peristaltic motion, may occasion diarrhœa, I must not omit to mention worms as having frequently that effect.*

1493. I must also mention here a state of the intestines, wherein their peristaltic motion is preternaturally increased, and a diarrhœa produced; and that is, when they are affected with an erythematic inflammation. With respect to the existence of such a state, and its occasioning diarrhœa, see what is said above in 398, and following. Whether it is to be considered as a particu-

* When, by cold, or any other cause, the *irritability* of the intestines is increased, the presence of worms, by augmenting *irritation*, may produce a diarrhœa. But we are certain that the disease can be thus produced, without such an increase of the irritability.

lar and distinct case of diarrhoea, or is always the same with some of those produced by one or other of the causes above mentioned, I have not been able to determine.

1494. Lastly, by an accumulation of alimentary or of other matter poured into the cavity of the intestines from several of the sources above mentioned, a diarrhoea may be especially occasioned when the absorption of the lacteals, or of other absorbents, is prevented, either by an obstruction of their orifices, or by an obstruction of the mesenteric glands through which alone the absorbed fluids can be transmitted.

In one instance of this kind, when the chyle prepared in the stomach and duodenum is not absorbed in the course of the intestines, but passes off in considerable quantity by the anus, the disease has been named *Morbus Cœliacus*, or simply and more properly *Cœliaca*; which accordingly I have considered as a species of diarrhoea.*

1495. I have thus endeavoured to point out the various species of disease that may come under the general appellation of diarrhoea; and from that enumeration it will appear, that many, and indeed the greater part of the cases of diarrhoea, are to be considered as sympathetic affections, and to be cured only by curing the primary disease upon which they depend; of which, however, I cannot properly treat here. From our enumeration it will also appear, that many of the cases of diarrhoea which may be considered as idiopathic, will not require my saying much of them here. In many instances, the disease is ascertained, and also the cause

* *Chyle, strictly so called*, is not, we think, prepared either in the stomach or duodenum. These organs contain the materials, of which chyle is to be formed; but not the chyle itself. That fluid receives the finishing touch of its elaboration from the lacteals.

assigned, by the condition of the matter evacuated; so that what is necessary to correct or remove it will be sufficiently obvious to practitioners of any knowledge. In short, I do not find that I can offer any general plan for the cure of diarrhoea; and all that I can pretend to do on this subject, is to give some general remarks on the practice that has been commonly followed in the cure of this disease.

1496. The practice in this disease has chiefly proceeded upon the supposition of an acrimony in the fluids, or of a laxity in the simple and moving fibres of the intestines; and the remedies employed have accordingly been, correctors of particular acrimony, general demulcents, evacuants by vomiting or purging, astringents, or opiates. Upon each of these kinds of remedies I shall now offer some remarks.*

* In point of correctness and verity, the doctrines of "acrimony in the fluids," and "laxity in the simple and moving fibres," stand precisely on the same footing. They are both erroneous. Of the doctrine of acrimony, we have already spoken, and shall not, therefore, dwell on it at present.

The idea of *laxity*, as here used, is mechanical, and applicable only to dead matter. Of living matter, particularly of the state or structure of secretory vessels, it is not predicate. The term *irritability*, would be much more suitable in this place; and would convey an idea nearer to the truth than that of laxity.

The treatment of diarrhoea must correspond to the nature and causes of the disease: and, these being various, it is obvious that the treatment must be various also. Even a brief view of the mode of treating every form and description of diarrhoea, would occupy, perhaps, an entire volume. Nor is this necessary, inasmuch as most varieties of the complaint, being nothing but symptoms of other diseases, are included, of course, in the accounts of these diseases.

In the treatment of this complaint, whatever may be its cause or character, an attention to diet is of the utmost moment. Nothing, as an article of food, is admissible, unless it be light, bland in its qualities, free from acescency, and easily digested. Rice, sago, tapioca, gum arabic, powdered arrow-root, and well-baked bread and crackers, made into panado, may be used without injury. They may also be rendered savoury, by the addition of some agreeable aromatic. If animal food be used, salted meat is better than fresh. Fruit is inadmissible. Milk, if boiled, may be taken with safety, and sometimes with advantage. As a general rule, in diarrhoea, tea is preferable

1497. An acid acrimony is, upon several occasions, the cause of diarrhoea, particularly in children; and in

to coffee, and black tea preferable to green. In some cases, well prepared chocolate is preferable to either. In diarrhoea, it is important that every article of diet be *thoroughly cooked*.

As drinks, malt liquors and cider are improper. So, in general, are wines; because, although not really acid, they are somewhat acescent. Well prepared spirits or brandy, mixed with water, form a beverage which is less exceptionable.

If the diarrhoea proceed from a suppression of perspiration, the indication of cure is obvious. Let the cutaneous action be restored, and the disease will be at an end.

This indication may be answered by an emetic, followed by sudorifics, of which opium shall constitute a part. In the treatment of this form of the disease, it is necessary that flannel be worn next the skin. A flannel roller, passed several times round the abdomen, so as to make a gentle and uniform pressure, is highly useful. If requisite, let the warm bath be resorted to, with the application of blisters, to the abdomen and extremities. This practice, with the proper use of opiates, will seldom fail to effect a cure.

If acidity prevail in the stomach, let absorbents be used. In this case, lime-water, either alone, or mixed with new milk, is an efficacious remedy. So is the common cretaceous jalap, combined with laudanum. This mixture is known to consist of prepared chalk, mucilage of gum arabic, cinnamon, mint or lavender water, common water, laudanum and loaf sugar. As much of this preparation, as may contain from five to ten drops of laudanum, may be administered three or four times a day, or oftener, if necessary.

If diarrhoea be produced, by the sudden disappearance of some cutaneous eruption, as of prickly heat, in hot weather, let means be adopted for its immediate restoration. The remedies, here, will be nearly the same, as under suppressed perspiration. In such a case, we have seen a little spiced brandy productive of an excellent effect. If any fever, however, be present, this article is inadmissible.

Does the disease proceed from bad water, or unwholesome food? Let these articles be abandoned or corrected. The mode of correction will depend on the nature of the qualities to be removed.

If diarrhoea arise from repelled gout; let that complaint be recalled to the extremities, by such remedies, as are calculated for the purpose; most of which we have mentioned on a former occasion.

If the disease prove obstinate, let astringents be tried, in combination with opiates. The astringents, most in vogue, are, alum, catechu, galls, logwood, gum kino, and saccharum saturni. This latter article, given to the amount of from two to three grains, combined with half a grain of opium, and repeated, if requisite, every two or three hours, is highly efficacious.

We have exhibited, with much advantage, in this disease, as well as in the latter stages of dysentery, a strong decoction of the peel of the pomegranate, and also of the root of the blackberry, or, as it is usually termed, the dewberry, of our own country.

such cases the absorbent earths have been very properly employed. The common, however, and promiscuous use of these hath been very injudicious; and where there is any putrescence, they must be hurtful.

1498. The cases in which there is a putrid or putrescent acrimony prevailing, have been, I think, too seldom taken notice of; and, therefore, the use of acids too, seldom admitted. The acrimony to be suspected in bilious cases, is probably of the putrescent kind.

1499. The general correctors of acrimony are the mild diluents and demulcents. The former have not been so much employed in diarrhoea as they ought; for, joined with demulcents, they very much increase the effects of the latter: and although the demulcents, both mucilaginous and oily, may by themselves be useful, yet, without the assistance of diluents they can hardly be introduced in such quantity as to answer the purpose.

1500. As indigestion and crudities present in the stomach are so often the cause of diarrhoea, vomiting must, therefore, be frequently very useful in this disease.

In like manner, when the disease proceeds, as it often does, from obstructed perspiration, and increased

These articles may be rendered, we think, more efficacious, by the addition of a small quantity of some pleasant aromatic.

As an astringent, they are particularly useful, in the diarrhoeas of children.

If the stomach fail to retain opiates, let them be given by injection.

If the disease be in children, and dentition the cause, the scarification of the gums, to remove irritation, will be useful. If it proceed from worms, give the wormseed oil, and purge copiously, with calomel and rhubarb.

As a tonic, to strengthen the bowels, after diarrhoea has disappeared, colombo root, quassia, bark, or chalybeates, may be used. The mode of preparing and exhibiting these remedies, is known to every one.

In this complaint, aromatics, combined with opium and astringents, make an important remedy.

Should other remedies fail, a journey on horseback, a sea voyage, or a change of climate, may be tried. Ipecacuanha, in small, but repeated doses, to promote perspiration, is highly useful.

afflux of fluids to the intestines, vomiting is perhaps the most effectual means of restoring the determination of the fluids to the surface of the body.

It is possible also, that vomiting may give some inversion of the peristaltic motion, which is determined too much downwards in diarrhoea; so that upon the whole it is a remedy which may be very generally useful in this disease.

1501. Purging has been supposed to be more universally necessary, and has been more generally practised. This, however, in my opinion, proceeds upon very mistaken notions with respect to the disease; and such a practice seems to me for the most part superfluous, and in many cases very hurtful. It goes upon the supposition of an acrimony present in the intestines, that ought to be carried out by purging: but, if that acrimony has either been introduced by the mouth, or brought into the intestines from other parts of the body, purging can neither be a means of correcting nor of exhausting it; and must rather have the effect of increasing its afflux, and of aggravating its effects. From whatever source the acrimony which can excite a diarrhoea ^{proceeds}, it may be supposed sufficient to evacuate itself, so far as that can be done by purging; and as in cholera, so in the same kind of diarrhoea, it will be more proper to assist the evacuation by diluents and demulcents, than to increase the irritation by purgatives.

1502. If, then, the use of purgatives in diarrhoea may be considered, even when an acrimony is present, as superfluous, there are many other cases in which it may be extremely hurtful. If the irritability of the intestines shall, from affections in other parts of the system, or other causes, have been already very much increased, purgatives must necessarily aggravate the disease. In

the case of lientery, nobody thinks of giving a purgative; and in many cases of diarrhœa approaching to that, they must be equally improper. I have already observed, that when diarrhœa proceeds from an afflux of fluids to the intestines, whether in too great quantity, or of an acrid quality, purgatives may be hurtful; and, whoever, therefore, considers the numerous and various sources from which acrid matter may be poured into the cavity of the intestines, will readily perceive, that in many cases of diarrhœa, purgatives may be extremely pernicious.

There is one case in particular to be taken notice of. When, from a general and acrid dissolution of the blood, the serous fluids run off too copiously in the cavity of the intestines; and excite that diarrhœa which attends the advanced state of hectic fever, and is properly called a **Colliquative Diarrhœa**, I have, in such cases, often seen purgatives given with the most baneful effects.

There is still another case of diarrhœa in which purgatives are pernicious; and that is, when the disease depends, as we have alleged it sometimes may, upon an erythematic inflammation of the intestines.

I need hardly add, that if there be a case of diarrhœa depending upon a laxity of the solids, purgatives cannot there be of any service, and may do much harm. Upon the whole, it will, I think, appear, that the use of purgatives in diarrhœa is very much limited; and that the promiscuous use of them, which has been so common, is injudicious, and often pernicious. I believe the practice has been chiefly owing to the use of purgatives in dysenteric cases, in which they are truly useful; because, contrary to the case of diarrhœa, there is in dysentery a considerable constriction of the intestines.

1503. Another set of remedies employed in diarrhœa

are astringents. There has been some hesitation about the employment of these in recent cases, upon the supposition that they might occasion the retention of an acrid matter that should be thrown out. I cannot, however, well understand or assign the cases in which such caution is necessary, and I think that the power of astringents is seldom so great as to render their use very dangerous.

The only difficulty which has occurred to me, with respect to their use, has been to judge of the circumstances to which they are especially adapted. It appears to me to be only in those where the irritability of the intestines depends upon a loss of tone; and this, I think, may occur from the debility of the whole system, or from causes acting on the intestines alone. All violent or long continued spasmodic and convulsive affections of the intestinal canal necessarily induce a debility there; and such causes often take place, from violent irritation, in colic, dysentery, cholera, and diarrhoea.

1504. The last of the remedies of diarrhoea that remain to be mentioned are opiates. The same objections have been made to the use of these, in recent cases of diarrhoea, as to that of astringents; but on no good grounds: for the effect of opiates, as astringent, is never very permanent; and an evacuation depending upon irritation, though it may be for some time suspended by opiates, yet always returns very soon. It is only by taking off irritability that opiates are useful in diarrhoea; and, therefore, when the disease depends upon an increase of irritability alone, or when, though proceeding from irritation, that irritation is corrected or exhausted, opiates are the most useful and certain remedy. And though opiates are not suited to correct or remove an irritation applied, they are often of great benefit in suspending the effects of that irritation when-

ever these are violent: and, upon the whole, it will appear, that opiates may be very frequently, and with great propriety, employed in the cure of diarrhœa.

CHAPTER XII.

OF THE DIABETES.*

1505. THIS disease consists in the voiding of an unusually large quantity of urine.

* It is much to be regretted, that, in diabetes, neither the pathology, nor the practice, is settled, as yet, on satisfactory principles.

While some consider the disease, as arising out of a morbid and imperfect state of action of the stomach, and the several assimilating organs, others regard it, as consisting in an inflammatory affection of the kidneys. Out of these two different opinions, different modes of practice must necessarily arise.

Our own experience in this complaint being exceedingly limited—for, fortunately, its occurrence, in the United States, is not very frequent—we can do nothing better, at present, than become the organ for communicating to our readers, a brief statement of the practice of others.

For the cure of diabetes, which he appears to have studied with much attention, Dr. Rollo prescribes, “a diet, consisting wholly of animal food, abstaining rigidly from every kind of vegetable matter, from which sugar may be produced: he likewise enjoins the hepatalized ammonia, to be taken daily, in doses of three or four drops, to be taken three or four times a day, and gradually increased, until a giddiness be produced; exercise to be avoided; antimonial wine, with opium, to be taken, at night; an ulceration, about the size of half a crown, to be formed, opposite to each kidney; and the bowels to be kept open, by aloes and soap.”

“A case of diabetes mellitus, is recorded, in the thirteenth volume of the Medical Journal, by Mr. Earnest, surgeon to the Sheffield general infirmary, which was successfully treated, by putting the patient on a diet, consisting, principally, of animal food, with a generous allowance of porter; giving, at the same time, the nitric acid, in the proportion of from two to three drachms, of the acid, to two pounds of water, with about an ounce of sugar, daily.”

“We are informed, by Dr. Ferriar, that he has cured three confirmed cases of this disease, by a combination of cinchona, uva ursi, and opium, taken three times a day, in the proportion of a scruple, of each of the former, to half a grain of the latter, and, that, from the great success he had met with,

As hardly any secretion can be increased without an increased action of the vessels concerned in it, and as

from this medicine, he found it unnecessary to try Dr. Rollo's plan. The doses were taken, with lime-water, which was also directed, for the patient's common drink."

By those, who, from the vascular appearance, and enlarged size, which the kidneys present, on dissection, consider diabetes, as consisting in an inflammatory affection of those organs, a different mode of treatment is, of course, adopted.

It appears that, by those physicians, "several cases, of this disease, were successfully treated, by an antiphlogistic regimen, and very copious depletion, by venesection, employed, under the most unpromising circumstances, such as a low, feeble pulse, loss of strength and spirits, and cold and œdematos extremities. These cases seem to support the opinion, that an inflammatory action does really take place, in the kidneys of those, labouring under this disease.

In one of the cases recorded, it appears that venesection was repeated, until one hundred and eighty ounces of blood had been taken away; and that the result was, a perfect restoration of health.

"A very visible change was observed, in the appearance of the blood, during the process: at first, it was black, and had only a very small proportion of crassamentum; but, as more and more of it was taken away, it gradually acquired the appearance, which it exhibits in persons, who labour under inflammatory fever. The same practice was followed, with the same result, in all the other cases: the condition of the blood was changed, and the health was restored, as in the instance recited; and it is to the bleeding, alone, that any essential benefit is attributed."

It has been proposed to treat diabetes, by purging and puking, alone, giving a cathartic and an emetic, alternately, until the disease be removed, or, it be clearly ascertained, that the remedies are insufficient. Of the efficacy of this practice, we are unable to speak, and propose it, therefore, only for consideration. We think it likely to be improved by an occasional interposition of tonics.

For further information, on this disease, see Bartholin—Sydenham—Ruysch—Fothergill—Meyers de Diabete—Rollo on Diabetes—Watt on Diabetes—Latham on Diabetes, and Girdlestone on Diabetes.

Although six years have elapsed since the preceding note was written, we have not, in principle or substance, any thing material to add to it.

In the main, the doctrine of the phlogistic nature of diabetes appears to prevail—such a doctrine, at least, as leads, *in part*, to an antiphlogistic plan of treatment. But it is *only* in part: for, while the lancet is used with considerable freedom, an animal diet is strictly enjoined.

Of the compatibility of these two measures, so opposite in their nature, and of the propriety of uniting them in the same scheme of practice, nothing short of experience could have convinced us. To that experience, however, we are compelled to do homage, and, on its altar, to sacrifice theory to fact.

some instances of this disease are attended with affections manifestly spasmoidic. I have had no doubt of arranging the diabetes under the order of spasm.

1506. The disease is always accompanied with a great degree of thirst, and therefore with the taking in of a great quantity of drink. This in some measure accounts for the very extraordinary quantities of urine voided: but still, independent of this, a peculiar disease certainly takes place; as the quantity of urine voided does almost always exceed the whole of the liquids, and sometimes the whole both of solids and liquids taken in.

1507. The urine voided in this disease is always very clear, and at first sight appears entirely without any colour; but viewed in a certain light, it generally appears to be slightly tinged with a yellowish green, and in this respect has been very properly compared to a solution of honey in a large proportion of water.

Examined by the taste, it is very generally found to be more or less sweet; and many experiments that have now been made in different instances of the disease show clearly that such urine contains, in considerable quantity, a saccharine matter which appears to be very exactly of the nature of common sugar.

1508. Doctor Willis seems to me to have been the first who took notice of the sweetness of the urine in diabetes, and almost every physician of England has since taken notice of the same. It is to be doubted, indeed, if there is any case of idiopathic diabetes, in which

In the treatment of diabetes, particular attention should be paid to the condition of the bowels, and, by suitable clothing, and the use of the flesh-brush, especially on the lumbar region, the healthy action of the skin ought to be vigilantly preserved.

What would be the effect of rubbing on the lumbar region a paste made of tartar emetic, flour, and water, which is known to produce on the skin a specific and obstinate pustular inflammation?

the urine is of a different kind. Though neither the ancients, nor, in the other countries of Europe, the moderns, till the latter were directed to it by the English, have taken notice of the sweetness of the urine, it does not persuade me, that either in ancient or in modern times the urine in diabetes was of another kind. I myself, indeed, think I have met with one instance of diabetes in which the urine was perfectly insipid; and it would seem that a like observation had occurred to Dr. Martin Lister. I am persuaded, however, that such instances are very rare; and that the other is by much the more common, and perhaps the almost universal occurrence. I judge, therefore, that the presence of such a saccharine matter may be considered as the principal circumstance in idiopathic diabetes; and it gives at least the only case of that disease that I can properly treat of here, for I am only certain that what I am further to mention relates to such a case.

1509. The antecedents of this disease, and consequently the remote causes of it, have not been well ascertained. It may be true that it frequently happens to men who, for a long time before, had been intemperate in drinking; that it happens to persons of a broken constitution, or who, as we often express it, are in a cachetic state; that it sometimes follows intermittent fevers; and that it has often occurred from excess in drinking of mineral waters. But none of these causes apply very generally to the cases that occur: such cases are not always, nor even frequently, followed by a diabetes; and there are many instances of diabetes, which could not be referred to any of them. In most of the cases of this disease which I have met with, I could not refer it to any particular cause.

1510. This disease commonly comes on slowly, and almost imperceptibly, without any previous disorder. It

often arises to a considerable degree, and subsists long without being accompanied with evident disorder in any particular part of the system. The great thirst which always, and the voracious appetite which frequently occur in it, are often the only remarkable symptoms. Under the continuance of the disease, the body is often greatly emaciated; and a great weakness also prevails. The pulse is commonly frequent; and an obscure fever is for the most part present. When the disease proves fatal, it generally ends with a fever, in many circumstances, particularly those of emaciation and debility, resembling a hectic.

1511. The proximate cause of this disease is not certainly or clearly known. It seems to have been sometimes connected with calculous affections of the kidneys; and it is possible, that an irritation applied there may increase the secretion of urine. It perhaps often does so; but how it should produce the singular change that takes place in the state of the urine, is not to be easily explained. It certainly often happens, that calculous matters are long present in the urinary passages, without having any such effect as that of producing diabetes in any shape.

Some have supposed that the disease occurs from a relaxed state of the secretory vessels of the kidneys; and indeed the dissections of persons who had died of this disease have shown the kidneys in a very flaccid state. This, however, is probably to be considered as rather the effect than the cause of the disease.

That no topical affection of the kidneys has a share in producing this disease, and that a fault in the assimilation of the fluids is rather to be blamed, I conclude from hence, that even the solid food taken in, increases the quantity of the urine voided, at the same time with an increase of the saccharine matter above mentioned.

1512. The diabetes has been supposed to be owing to a certain state of the bile: and it is true, that this disease has sometimes occurred to persons who were at the same time affected with diseases of the liver: but this occurrence does not often take place; and the diabetes frequently occurs separately from any affection of the liver. In twenty instances of diabetes which I have seen, there was not in any one of them any evident affection of the liver.

The explanation that has been offered of the nature and operation of the bile, in producing diabetes, is very hypothetical, and no wise satisfying.

1513. As I have already said, I think it probable, that in most cases the proximate cause of this disease is some fault in the assimilatory powers, or in those employed in converting alimentary matters into the proper animal fluids. This I formerly hinted to Dr. Dobson, and it has been prosecuted and published by him; but I must own that it is a theory embarrassed with some difficulties which I cannot at present very well remove.

1514. The proximate cause of diabetes being so little known or ascertained, I cannot propose any rational method of cure in the disease. From the testimony of several authors, I believe that the disease has been cured: but I believe also, that this has seldom happened; and when the disease has been cured, I doubt much if it was effected by the several remedies to which these cures have been ascribed. In all the instances of this disease which I myself have seen, and in several others of which I have been informed, no cure of it has ever been made in Scotland, though many instances of it have occurred, and in most of them the remedies recommended by authors have been diligently employed. I cannot, therefore, with any advantage, enter into a detail of these remedies; and as the disease, together with its

several circumstances, when they shall hereafter occur, is likely to become the subject of diligent investigation, I avoid going farther at present, and judge it prudent to suspend my opinion till I shall have more observations and experiments upon which I can form it more clearly.

CHAPTER XIII.

OF THE HYSTERIA, OR THE HYSTERIC DISEASE.

1515. THE many and various symptoms which have been supposed to belong to a disease under this appellation, render it extremely difficult to give a general character or definition of it. It is, however, proper in all cases to attempt some general idea; and, therefore, by taking the most common form, and that concurrence of symptoms by which it is principally distinguished, I have formed a character in my system of methodical nosology, and shall here endeavour to illustrate it by giving a more full history of the phenomena.

1516. The disease attacks in paroxysms or fits. These commonly begin by some pain and fulness felt in the left side of the belly. From this a ball seems to move with a grumbling noise into the other parts of the belly; and, making as it were various convulsions there, seems to move into the stomach; and more distinctly still rises up to the top of the gullet, where it remains for some time, and by its pressure upon the larynx gives a sense of suffocation. By the time that the disease has proceeded thus far, the patient is affected with a stupor and insensibility, while at the same time the body is agitated with various convulsions. The trunk of the body is wreathed to and fro, and the limbs are variously

agitated; commonly the convulsive motion of one arm and hand, is that of beating with the closed fist upon the breast very violently and repeatedly. This state continues for some time, and has during that time some remissions and renewals of the convulsive motions; but they at length cease, leaving the patient in a stupid and seemingly sleeping state. More or less suddenly, and frequently with repeated sighing and sobbing, together with a murmuring noise in the belly, the patient returns to the exercise of sense and motion, but generally without any recollection of the several circumstances that had taken place during the fit.*

1517. This is the form of what is called an *hysterical paroxysm*, and is the most common form; but its paroxysms are considerably varied in different persons, and even in the same person at different times. It differs, by having more or fewer of the circumstances above mentioned; by these circumstances being more or less violent; and by the different duration of the whole fit.

Before the fit there is sometimes a sudden and unusually large flow of limpid urine. At the coming on of the fit, the stomach is sometimes affected with vomiting, the lungs with considerable difficulty of breathing, and the heart with palpitations. During the fit, the whole of the belly, and particularly the navel, is drawn strongly inwards; the sphincter ani is sometimes so firmly constricted as not to admit a small glyster-pipe, and there is at the same time an entire suppression of urine. Such fits are, from time to time, ready to recur; and during the intervals, the patients are liable to involuntary motions, to fits of laughing and crying, with sudden transition from the one to the other; while sometimes

* The ball, spoken of in this article, is called the *globus hystericus*.

false imaginations, and some degree of delirium, also occur.

1518. These affections have been supposed peculiar to the female sex; and indeed they most commonly appear in females: but they sometimes, though rarely, attack also the male sex; never, however, that I have observed, in the same exquisite degree.

In the female sex, the disease occurs especially from the age of puberty to that of thirty-five years; and though it does sometimes, yet it very seldom appears before the former or after the latter of these periods.

At all ages, the time at which it most readily occurs is that of the menstrual period.

The disease more especially affects the females of the most exquisitely sanguine and plethoric habits, and frequently affects those of the most robust and masculine constitutions.

It affects the barren more than the breeding women, and therefore frequently young widows.

It occurs especially in those females who are liable to the Nymphomania; and the Nosologists have properly enough marked one of the varieties of this disease by the title of *Hysteria Libidinosa*.

In the persons liable to the fits of this disease, it is readily excited by the passions of the mind, and by every considerable emotion, especially those brought on by surprise.

The persons liable to this disease acquire often such a degree of sensibility, as to be strongly affected by every impression that comes upon them by surprise.

1519. In this history, there appears to be a concurrence of symptoms and circumstances properly marking a very particular disease, which I think may be distinguished from all others. It seems to me to have been improperly considered by physicians as the same with

some other diseases, and particularly with hypochondriasis. The two diseases may have some symptoms in common, but for the most part are considerably different.

Spasmodic affections occur in both diseases: but neither so frequently, nor to so great a degree, in hypochondriasis as in hysteria.

Persons liable to hysteria are sometimes affected at the same time with dyspepsia. They are often, however, entirely free from it; but I believe this never happens to persons affected with hypochondriasis.

These different circumstances mark some difference in the two diseases; but they are still more certainly distinguished by the temperament they attack, and by the time of life at which they appear to be most exquisitely formed.

It has been generally supposed, that the two diseases differ only in respect of their appearing in different sexes. But this is not well founded: for although the hysteria appears most commonly in females, the male sex is not absolutely free from it, as I have observed above; and although the hypochondriasis may be most frequent in men, the instances of it in the female sex are very common.*

* Hysteria attacks, most frequently, the sanguine and plethoric; hypochondriasis, the melancholic.

Hypochondriasis seldom appears early, nor hysteria late in life. Hypochondriasis becomes aggravated, hysteria relieved, by an advancement in years.

Hysteria, although so called, from its being supposed to have its seat in the uterus, is, notwithstanding, much of a gastric disease. It, for the most part, originates in the alimentary canal, and always affects that part, in a very prominent degree. Hence the great flatulency of the stomach and bowels, with which it is, usually, accompanied.

An incontestable proof, that it is not, *necessarily*, a uterine disease, is, that men are subject to it as well as women. In the male sex, however, it is neither so frequent, nor so strongly marked.

The treatment of this complaint must vary, according to the object, the

1520. From all these considerations, it must, I think, appear, that the hysteria may be very well, and properly, distinguished from hypochondriasis.

Further, it seems to me to have been with great impropriety, that almost every degree of the irregular mo-

practitioner has in view—to resolve a paroxysm, or to prevent its recurrence.

To answer the former indication, blood-letting is, usually, necessary; especially if the subject be young and plethoric. In constitutions of greater delicacy, that remedy is less requisite. In every case, however, it is safe, and, in most, useful.

The patient is, sometimes, roused from the paroxysm by the application of powerful odours to the nostrils; as those of musk, asafœtida, camphor, ether, or volatile salts. The dashing of cold water on the extremities, is, occasionally, productive of a similar effect.

If the bowels be constipated, a laxative injection, with the addition of asafœtida, castor, or musk, may be usefully administered. In case of the insensibility proving obstinate, let blisters, or sinapisms, be applied to the ankles or wrists.

As soon as the patient is able to swallow, let tincture of asafœtida, or castor, ether, or the volatile spirits of ammonia, be freely administered. In cases of unusual violence, opium or laudanum may be advantageously given, in large doses. In hysterical affections, this latter remedy is justly regarded, as the most powerful of antispasmodics.

For the prevention of the paroxysms of hysteria, the indication is, to communicate tone to the stomach, and bowels, and, through the medium of these organs, to the system at large. This object is to be attained by nearly the same measures and means, that have been already prescribed, for the cure of dyspepsia—bark, chalybeates, and bitters; wholesome air, moderate, but continued exercise, freedom from care, and cheerful society.

Hysterical patients will derive benefit from rising early, keeping the mind agreeably occupied, riding on horseback, frequenting water-places, the practice of cold bathing, and the use of a plain, but nutritive diet. Let this diet consist of articles free from aescency.

The preservation of a regular habit of body, is an object of great importance, in the treatment of hysteria; and, if the disease arise from the obstruction of the catamenia, that secretion ought to be promptly restored.

In common with other diseases of the class Neuroses, hysteria has been successfully treated by active and copious purging. Under this operation, has been removed, at times, a vast amount of fæces, which appeared to have been the exciting cause of the disease.

The purgatives which appear to have answered best are of the drastic kind, as calomel combined with jalap, or with scammony or gamboge.

To attacks of hysteria excited by passions or emotions of the mind, this purgative plan of treatment would seem less applicable.

tions of the nervous system has been referred to the one or other of these two diseases. Both are marked by a peculiarity of temperament, as well as by certain symptoms commonly accompanying that; but some of these, and many others usually marked by the name of nervous symptoms may, from various causes, arise in temperaments different from that which is peculiar to either hysteria or hypochondriasis, and without being joined with the peculiar symptoms of either the one or the other disease: so that the appellations of **Hysteric** and **Hypochondriac** are very inaccurately applied to them. Under what view these symptoms are otherwise to be considered, I am not ready to determine; but must remark, that the appellation of **Nervous Diseases** is too vague and undefined to be of any useful application.

1521. Having thus endeavoured to distinguish hysteria from every other disease, I shall now attempt its peculiar pathology. With respect to this, I think it will, in the first place, be obvious, that its paroxysms begin by a convulsive and spasmodic affection of the alimentary canal, which is afterwards communicated to the brain, and to a great part of the nervous system. Although the disease appears to begin in the alimentary canal, yet the connection which the paroxysms so often have with the menstrual flux, and with the diseases that depend on the state of the genitals, shows, that the physicians have at all times judged rightly in considering this disease as an affection of the uterus and other parts of the genital system.

1522. With regard to this, however, I can go no farther. In what manner the uterus, and in particular the ovaria, are affected in this disease; how the affection of these is communicated, with particular circumstances, to the alimentary canal; or how the affection of this, rising upwards, affects the brain, so as to occasion the

particular convulsions which occur in this disease, I cannot pretend to explain.

But although I cannot trace this disease to its first causes, or explain the whole of the phenomena, I hope, that with respect to the general nature of the disease, I may form general conclusions, which may serve to direct our conduct in the cure of it.

1523. Thus, from a consideration of the predisponent and occasional causes, it will, I think, appear, that the chief part of the proximate cause is a mobility of the system, depending generally upon its plethoric state.

1524. Whether this disease ever arises from a mobility of the system, independent of any plethoric state of it, I cannot positively determine; but in many cases that have subsisted for some time, it is evident that a sensibility, and consequently a mobility, are acquired, which often appear when neither a general plethora can be supposed to subsist, nor an occasional turgescence to have happened. However, as we have shown above, that a distention of the vessels of the brain seems to occasion epilepsy, and that a turgescence of the blood in the vessels of the lungs seems to produce asthma; so analogy leads me to suppose, that a turgescence of blood in the uterus, or in other parts of the genital system, may occasion the spasmodic and convulsive motions which appear in hysteria. It will at the same time be evident, that this affection of the genitals must especially occur in plethoric habits; and every circumstance mentioned in the history of the disease serves to confirm this opinion with respect to its proximate cause.

1525. From this view of the subject, the analogy of hysteria and epilepsy will readily appear; and why, therefore, I am to say that the indications of cure are the same in both.

As the indications, so the several means of answering them are so much the same in both diseases, that the same observations and directions, with regard to the choice and employment of these remedies, that have been delivered above on the subject of epilepsy, will apply pretty exactly to hysteria; and therefore need not to be repeated here.

CHAPTER XIV.

OF CANINE MADNESS AND HYDROPHOBIA.*

1526. THIS disease has been so exactly and fully described in books that are in every body's hands, that

* This disease is, properly enough, denominated *canine madness*: for, although man, and various animals, are liable to suffer from it, the *dog alone*, appears to be capable of communicating it.

It is true, that we both hear and read, of the complaint being produced, by the bite and scratch of the cat: but, we know of no well authenticated instance, where this event has occurred. We doubt whether any such instance exist. Nor is it true, that any one of the human race, has, ever yet, communicated it to another. The poisonous saliva of the dog, appears to be necessary for the communication of the disease. If a disease somewhat similar to canine madness, has ever resulted injuries, effected by the teeth or claws of the cat, it appears to have been, on the principle of a *punctured* or *lacerated* wound—such a wound, as proves, on other occasions, productive of tetanus.

The length of time, at which canine madness appears, after the reception of the injury producing it, varies, in dogs, and other domestic animals, from six or seven days, to as many weeks: in man, it is, usually, from twenty to forty days. Instances are, however, on record, wherin several years are said to have elapsed, between the injury, and the occurrence of the disease. In these cases, we feel persuaded, that an error exists; and that the disease must have been imputed, to too distant a cause. Some more recent, but unobserved, source of irritation, must have been its real origin.

"Madness in the dog is, usually, preceded by a dull, heavy look, hanging of the ears and tail, stupor, surliness, and snapping at by-standers; soon after which, his breathing becomes quick and laborious, his tongue hangs out of his mouth and changes to a leaden colour; he discharges a frothy saliva, refuses all food and drink, runs about, bites at every thing that comes

it is on no account necessary for me to give any history of it here; and with respect to the pathology of it, I

near him, and, at last, becomes quite furious. This is the last stage, in which he seldom lives above thirty hours. The nearer to this state, the more dangerous is the bite, and the more direful its effects."

In man the symptoms, usually attendant on the bite of a mad dog, are as follows :

"The part bitten begins, after some time, to be painful; then come on wandering pains, with an uneasiness and heaviness, disturbed sleep, and frightful dreams, accompanied with great restlessness, sudden startings and spasms, sighing, anxiety, and a love of solitude. These symptoms, continuing to increase, daily, the cicatrix of the wound becomes hard and elevated; a peculiar tingling sensation is felt, in the part, and pains begin to shoot, from the place which was wounded, all along, up to the throat, with a straitness, and sensation of choking, and a horror and dread, at the sight of water, and other liquids, together with tremors and loss of appetite. The patient is, however, capable of swallowing any solid substance, with tolerable ease; but, the moment that a fluid is brought in contact with his lips, it causes him to start back, with dread and horror, although he labours, perhaps, under distressing thirst."

Real hydrophobia appears to be peculiar to the human race; for rabid animals do not manifest any dread of water.

On the nature of canine madness, dissections have, hitherto, thrown no definitive light; appearances being widely different, in different cases.

All agree, that the only certain mode of prevention, is the excision of the part, as speedily as possible, after the reception of the injury. Where this cannot be effected, let the wound be thoroughly washed, with soap and water, have a blister, or a caustic applied to it, and be kept open, and a free mercurial ptyalism be produced. As a preventive, this latter remedy has strong recommendations.

In relation to the treatment of the disease, after it has actually made its appearance, we regret that much less unanimity prevails.

As physicians differ much, in their views, respecting its nature; some considering it of a nervous and spasmodic, others of a vascular and inflammatory character; a corresponding difference must necessarily, mark their methods of cure.

For the removal of this disease, some practitioners place their reliance, almost exclusively, on a mercurial ptyalism, and cite many instances of the success of that remedy.

Others depend on very copious blood-letting, as the most effectual means for the cure of hydrophobia. Instances are recorded, wherein from one to three hundred ounces of blood, have been drawn, in a very short time, with perfect success.

Another class of physicians speak, in high commendation, of the effects of opium, administered in large, and repeated doses. With this article, musk, castor, asafoetida, and other powerful antispasmodics, are directed to be combined. If, in any way, opium can prove really useful, in

find that I can say nothing satisfying to myself, or that I can expect to prove so to others. I find also, with respect to the cure of this disease, that there is no subject in which the fallacy of experience appears more strongly than in this. From the most ancient to the present times, many remedies for preventing and curing this disease have been recommended under the sanction of pretended experience, and have perhaps also kept their credit for some time: but succeeding times have generally, upon the same ground of experience, destroyed that credit entirely: and most of the remedies

this disease, it is by being exhibited, in such quantities, as to be productive of its own specific effects: to throw the system into somewhat of a soporose state, by subduing the powerful irritation it experiences; and to keep it thus until the action of the morbid cause be extinguished.

Arsenic is another remedy, which is said to have been efficacious, in the treatment of hydrophobia. This article, when given in sufficient quantities, possesses great power, to overcome existing action, in the system, and to introduce its own. Its operation, moreover, may be rendered very rapid. In relation, therefore, to the treatment of hydrophobia, we regard it as a medicine, of considerable promise.

Various other remedies have been proposed, for the cure of this disease; but not, we believe, on a very solid foundation. Among these may be mentioned, the cuprum ammoniacum, tincture of cantharides, in quantities, sufficient to produce strangury, the hot and cold bath, either separately, or alternated with each other, and the general and frequent inunction of the body, with sweet oil. Having never witnessed the effects of these means, we are not prepared to say, what confidence they deserve. Although powerful, in themselves, we doubt their sufficiency, to arrest the course of the disease in question.

Since the publication of the first edition of this work, we have had cause to be more thoroughly convinced than before, that hydrophobia may and does result from the bite of animals not in a rabid condition.

That dogs not rabid have, by their bite, produced this complaint, we now know from observation. That cats, merely irritated and impassioned, may have done the same thing, we are prepared to believe. But, that the latter animal ever does, by the bite of a mad dog, become *truly rubid*, so as to secrete a contagious saliva capable of communicating real canine madness, we do not believe. At least we know of no facts confirmatory of such a doctrine.

As far as we have been able to inform ourselves on the subject, canine madness, in the true signification of the terms, attaches exclusively to animals of the dog kind, including the domestic dog, the wolf, the fox, the jackall, and perhaps the hyena.

formerly employed are now fallen into absolute neglect. In the present age, some new remedies have been proposed, and have experience alleged to vouch for their efficacy; but many doubts still remain with respect to this: and though I cannot determine in this matter from my own experience, I think it incumbent on me to give the best judgment I can form with respect to the choice of the remedies at present recommended.

1527. I am, in the first place, firmly persuaded, that the most certain means of preventing the consequences of the bite, is to cut out, or otherwise destroy, the part in which the bite has been made. In this every body agrees; but with this difference, that some are of opinion that it can only be effectual when it is done very soon after the wound has been made, and they therefore neglect it when this opportunity is missed. There have been, however, no experiments made proper to determine this matter: and there are many considerations which lead me to think, that the poison is not immediately communicated to the system; and, therefore, that this measure of destroying the part may be practised with advantage, even many days after the bite has been given.

1528. Whilst the state of our experience, with respect to several remedies now in use, is uncertain, I cannot venture to assert that any of these is absolutely ineffectual; but I can give it as my opinion, that the efficacy of mercury, given very largely, and persisted in for a long time, both as a means of preventing the disease, and of curing it when it has actually come on, is better supported by experience than that of any other remedy now proposed or commonly employed.

BOOK IV.

OF VESANIAE, OR, OF THE DISORDERS OF THE INTELLECTUAL FUNCTIONS.

CHAPTER I.

OF VESANIAE IN GENERAL.*

1529. THE Nosologists, Sauvages and Sagar, in a class of diseases under the title of VESANIAE, have com-

* Although, by no means, satisfied with what Dr. Cullen has left us, on the subject; yet, neither on the theory, nor treatment, of madness, do we feel ourselves prepared to go into detail.

As far as a corporeal affection is concerned, the disease has, oftentimes, its seat in the primæ viæ—as often, perhaps, as in the brain itself. Hence, in its treatment, the efficacy of emetics, nauseating medicines, and drastic purgatives. But, that it does, also, originate in the brain, is a position, too strongly fortified, to admit of a doubt.

In the present state of medical science, madness, when hereditary, may be deemed incurable. The only means, on which, in this case, reliance can be placed, are those of prevention. These consist, of course, in a strict avoidance of exciting causes. In general, let the descendants deviate, as much as practicable, from the course of life, which their predecessors have pursued; and, in this way, endeavour to change their constitutions.

Did the ancestors live luxuriously?—let the descendants live abstemiously: did the former lead a sedentary?—let the latter lead an active, or, even a laborious life: were those devoted to intense thinking?—let these inflexibly avoid the habit: was the father given to late hours, and inclined to morning indulgence, on his pillow?—let the son go to bed early, and never fail to rise with the dawn.

Madness, being, in every case, a disease of great obstinacy, requires, for its cure—where a cure can be effected—a determined treatment, with medicines of a powerful and revolutionary character.

Bleeding, cupping, and leeching; vomiting, and severe purging; perpetual blisters, setons, or caustics; the hot and cold bath, alone, or, in alternation with each other; opium and camphor, mercury, saccharum saturni, and arsenic, digitalis and tobacco, in extract or decoction. Such are the principal remedies, by which, under a skilful and vigorous administration, insanity has been cured.

If remedies be applied to the mind, they, too, must be of a revolutionizing character: they must beguile the lunatic of himself, and sever his predomi-

prehended the two orders, of *Hallucinationes*, or False Perceptions, and of *Morositates*, or Erroneous App-

nant train of thought: such are, some pleasing, but constant occupation, or hard labour; the excitement of strong feeling, a sea-voyage, or a long journey: or, they must be such, as harmonize with his course of thought, and appear to him, calculated to remove evils or maladies, under which he fancies himself to be labouring. In confirmation of the propriety of this latter mode of treatment, the following case is recorded, in the writings of a German author.

"A madman, who, believing that he wore a pair of large bull's horns, would, sometimes, menace, with his head, those who approached him, was assured, that, on a certain day, these excrescences should be amputated. In the mean time, having, on the preceding night, been thrown into a very profound sleep, by a large dose of opium, a pair of horns were fixed on his head, and dexterously removed, in the morning, by the surgeon. The effect was, an immediate exemption from the strange hallucination, under which he laboured."

For further, and very extensive information, on the subject of madness, see Rush—Crichton—Crowther—Pinel—Withering—Arnold—Haslam—Morgagni—Willis—Battie—and a number of other practical writers.

If the expression, "as far as a corporeal affection is concerned," used in the commencement of the second paragraph of this note, can be so construed as to imply a doubt whether we consider madness as a disease exclusively corporeal, it is proper and requisite that this doubt be removed.

Unequivocally, then, we know of none but *corporeal* affections. In the existence of a *disease of the mind*, correctly speaking, it is impossible for us to believe. If the *immortal part of man* may *sicken*, it may also *die*. A belief in a disease of the mind, then, implies a doubt, at least, of its immortality, if not an actual disbelief of it.

Compounded as we are of soul and body, all manifestations of mind, whether sane or insane, are made, in our present condition, through the medium of matter.

That we see, hear, taste, smell, feel, and move, through the instrumentality of material organs, every physiologist is compelled to acknowledge. Nor is it less certain, that we think in the same way.

The brain is as essentially the organ of thought, as the eye is of vision, or the ear of hearing. As perfect vision, therefore, depends on a sound eye, and the reverse, and perfect motion on muscles free from disease, so does sound thought depend entirely on a healthy brain.

The physician who believes in the existence of a disease purely mental, is neither a physiologist nor a metaphysician. Nor, if he practise his profession according to his belief, will he ever prove successful in his treatment of any of the forms of madness.

Voluntary motion is as much a mental operation as memory, imagination, or simple volition; yet is it evidently performed by material organs; and that physician would be justly held in ridicule and contempt, who, to remedy the immobility of a limb produced by inflammatory rheumatism, would

tites and Passions; and, in like manner, Linnaeus in his class of **MENTALES**, corresponding to the **Vesaniæ** of Sauvages, has comprehended the two orders of *Imaginarii* and *Pathetici*, nearly the same with the *Hallucinationes* and *Morositates* of that author. This, however, from several considerations, appears to me improper; and I have therefore formed a class of **Vesaniæ** nearly the same with the **Paranoiæ** of Vogel, excluding from it the **Hallucinationes** and **Morositates**, which I have referred to the **Morbi Locales**. Mr. Vogel has done the like, in separating from the **Paranoiæ** the false perceptions and erroneous appetites; and has thrown

prescribe for an affection of the mind, instead of a disease of the muscles and membranes.

Indeed to talk of prescribing for a disease of the mind is folly. As well may we profess to perform a surgical operation on the mind. That immaterial essence is as unimpressible by our calomel and our jalap, as it is untangible by our trocar or our amputation-knife. It will admit the application of the tourniquet and the ligature, as readily as it will feel the influence of tartar emetic.

In all mental diseases, it is *matter* that is deranged, not mind—the organ acted on, not the being that acts.

In attempts to illustrate this subject, the brain may be made to represent a musical instrument of many strings, and the mind the performer that elicits music.

If the instrument be deranged, the skill of the musician is unavailing. No harmony is awakened by his touch. Discord is the only reward of his efforts.

In a case like this, what would be thought of the artist, who, when employed to remedy the evil, instead of repairing the instrument, would undertake to rectify some imaginary defect in the musician's power of performing!

Equally irrational and unavailing is the conduct of that physician, who, when called to a case of insanity, affects to prescribe for the immortal part.

Diseases of the mind, then, which are in reality nothing but affections of the brain, original or sympathetic, must be treated like diseases of other organs, by depletion or repletion, abstraction or stimulation, according as the existing action is excessive or defective.

Whatever may be its fate as to minor details, we feel persuaded, that, much and ignorantly ridiculed as it has been, the system of Phrenology, by Gall and Spurzheim, is calculated to shed more light on diseases of the mind, than any other discovery or improvement of modern times.

For much interesting matter on this subject, we refer the reader to "*Spurzheim on Insanity*."

these into another class, to which he has given the title of *Hyperæstheses*.

1530. It is indeed true, that certain hallucinationes and morositates are frequently combined with what I propose to consider as strictly a vesania or an erroneous judgment; and sometimes the hallucinationes seem to lay the foundation of, and to form almost entirely, the vesania. But as most part of the hallucinationes enumerated by the nosologists are affections purely topical, and induce no other error of judgment beside that which relates to the single object of the sense or particular organ affected; so these are certainly to be separated from the diseases which consist in a more general affection of the judgment. Even when the hallucinationes constantly accompany or seem to induce the vesania, yet being such as arise from internal causes, and may be presumed to arise from the same cause as the more general affection of the judgment, they are therefore to be considered as symptoms of this only.

In like manner I judge with respect to the morositates, or erroneous passions, that accompany vesania; which, as consequences of a false judgment, must be considered as arising from the same causes, and as symptoms only, of the more general affection.

There is, indeed, one case of a morositas which seems to induce a vesania, or more general affection of the judgment; and this may lead us to consider the vesania, in this case, as a symptom of an erroneous appetite, but will not afford any good reason for comprehending the morositates in general under the vesaniæ, considered as primary diseases.

The limitation, therefore, of the class of vesaniæ to the lesions of our judging faculty, seems from every consideration to be proper.

The particular diseases to be comprehended under

this class, may be distinguished according as they affect persons in the time of waking or sleeping. Those which affect men awake, may again be considered as they consist in an erroneous judgment, to which I shall give the appellation of *Delirium*; or as they consist in a weakness or imperfection of judgment, which I shall name *Fatuity*. I begin with the consideration of delirium.

1531. As men differ greatly in the soundness and force of their judgment, so it may be proper here to ascertain more precisely what error or imperfection of our judging faculty is to be considered as morbid, and to admit of the appellations of delirium and fatuity. In doing this, I shall first consider the morbid errors of judgment under the general appellation of delirium, which has been commonly employed to denote every mode of such error.

1532. As our judgment is chiefly exercised in discerning and judging of the several relations of things, I apprehend that delirium may be defined to be—in a person awake, a false or mistaken judgment of those relations of things, which, as occurring most frequently in life, are those about which the generality of men form the same judgment; and particularly when the judgment is very different from what the person himself had before usually formed.

1533. With this mistaken judgment of relations there is frequently joined some false perception of external objects, without any evident fault in the organs of sense, and which seems therefore to depend upon an internal cause; that is, upon the imagination arising from a condition in the brain presenting objects which are not actually present. Such false perceptions must necessarily occasion a delirium, or an erroneous judgment, which is to be considered as the disease.

1534. Another circumstance, commonly attending

delirium, is a very unusual association of ideas. As, with respect to most of the affairs of common life, the ideas laid up in the memory are, in most men, associated in the same manner; so a very unusual association, in any individual, must prevent his forming the ordinary judgment of those relations which are the most common foundation of association in the memory: and therefore this unusual and commonly hurried association of ideas, usually is, and may be considered as, a part of delirium. In particular it may be considered as a certain mark of a general morbid affection of the intellectual organs, it being an interruption or perversion of the ordinary operations of memory, the common and necessary foundation of the exercise of judgment.

1535. A third circumstance attending delirium, is an emotion or passion, sometimes of the angry, sometimes of the timid kind; and from whatever cause in the perception or judgment, it is not proportioned to such cause, either in the manner formerly customary to the person himself, or in the manner usual with the generality of other men.

1536. Delirium, then, may be more shortly defined—in a person awake, a false judgment arising from perceptions of imagination, or from false recollection, and commonly producing disproportionate emotions.

Such delirium is of two kinds; as it is combined with pyrexia and comatose affections; or, as it is entirely without any such combination. It is the latter case that we name *Insanity*; and it is this kind of delirium only that I am to treat of here.

1537. Insanity may perhaps be properly considered as a genus comprehending many different species, each of which may deserve our attention; but before proceeding to the consideration of particular species, I think it

proper to attempt an investigation of the cause of insanity in general.

In doing this, I shall take it for granted, as demonstrated elsewhere, that although this disease seems to be chiefly, and sometimes solely, an affection of the mind; yet the connection between the mind and body in this case is such, that these affections of the mind must be considered as depending upon a certain state of our corporeal part. See Halleri Prim. Lin. Physiolog. § 570. See Boerhaavii Inst. Med. § 581. 696.

1539. Admitting this proposition, I must in the next place assume another, which I likewise suppose to be demonstrated elsewhere. This is, that the part of our body more immediately connected with the mind, and therefore more especially concerned in every affection of the intellectual functions, is the common origin of the nerves; which I shall, in what follows, speak of under the appellation of the brain.

1540. Here, however, in assuming this last proposition, a very great difficulty immediately presents itself. Although we cannot doubt that the operations of our intellect always depend upon certain motions taking place in the brain, (see Gaub. Peth. Med. § 523;) yet these motions have never been the objects of our senses, nor have we been able to perceive that any particular part of the brain has more concern in the operations of our intellect than any other. Neither have we attained any knowledge of what share the several parts of the brain have in that operation; and therefore, in this situation of our science, it must be a very difficult matter to discover those states of the brain that may give occasion to the various state of our intellectual functions.

1541. It may be observed, that the different state of the motion of the blood in the vessels of the brain has

some share in affecting the operations of the intellect: and physicians, in seeking for the causes of the different states of our intellectual functions, have hardly looked further than into the state of the motion of the blood, or into the condition of the blood itself: but it is evident that the operations of the intellectual functions ordinarily go on, and are often considerably varied, without our being able to perceive any difference either in the motions or in the conditions of the blood.

1542. Upon the other hand, it is very probable that the state of the intellectual functions depends chiefly upon the state and condition of what is termed the nervous power, or, as we suppose, of a subtile very moveable fluid, included or inherent, in a manner we do not clearly understand, in every part of the medullary substance of the brain and nerves, and which in a living and healthy man is capable of being moved from every one part to every other of the nervous system.

1543. With respect to this power, we have pretty clear proof that it frequently has a motion from the sentient extremities of the nerves towards the brain, and thereby produces sensation; and we have the same proof, that in consequence of volition the nervous power has a motion from the brain into the muscles or organs of motion. Accordingly, as sensation excites our intellectual operations, and volition is the effect of these, and as the connection between sensation and volition is always by the intervention of the brain and of intellectual operations; so we can hardly doubt, that these latter depend upon certain motions, and the various modification of these motions, in the brain.

1544. To ascertain the different states of these motions may be very difficult; and physicians have commonly considered it to be so very mysterious, that they have generally despaired of attaining any knowledge

with regard to it: but I consider such absolute despair, and the negligence it inspires, to be always vey blameable; and I shall now venture to go some length in the inquiry, hoping that some steps made with tolerable firmness may enable us to go still further.

1545. To this purpose, I think it evident, that the nervous power, in the whole as well as in the several parts of the nervous system, and particularly in the brain, is, at different times in different degrees of mobility and force. To these different states, I beg leave to apply the terms of *Excitement* and *Collapse*. To that state in which the mobility and force are sufficient for the exercise of the functions, or when these states are any way preternaturally increased, I give the name of *Excitement*; and to that state in which the mobility and force are not sufficient for the ordinary exercise of the functions, or when they are diminished from the state in which they had been before, I give the name of *Collapse*. I beg, however, it may be observed, that by these terms I mean to express matters of fact only; and without intending, by these terms, to explain the circumstance or condition, mechanical or physical, of the nervous power or fluid in these different states.

1546. That these different states of excitement and collapse take place on different occasions, must, I think, be manifest from numberless phenomena of the animal economy: but it is especially to our present purpose to observe, that the different states of excitement and collapse, are in no instance more remarkable, than in the different states of waking and sleeping. In the latter, when quite complete, the motion and mobility of the nervous power, with respect to the whole of what are called the animal functions, entirely cease, or, as I express it, are in a state of collapse; and are very different from the state of waking, which in healthy per-

sons I would call a state of general and entire excitement.

1547. This difference in the states of the nervous power in sleeping and waking being admitted, I must in the next place observe, that when these states are changed from the one into the other, as commonly happens every day, the change is hardly ever made instantaneously, but almost always by degrees, and in some length of time only; and this may be observed with respect to both sense and motion. Thus when a person is falling asleep, the sensibility is gradually diminished: so that, although some degree of sleep has come on, slight impressions will excite sensation, and bring back excitement; which the same, or even stronger impressions will be insufficient to produce when the state of sleep has continued longer, and is, as we may say, more complete. In like manner, the power of voluntary motion is gradually diminished. In some members it fails sooner than in others; and it is some time before it becomes general and considerable over the whole.

The same gradual progress may be remarked in a person's coming out of sleep: the ears in this case are often awake before the eyes are opened or see clearly, and the senses are often awake before the power of voluntary motion is recovered; and it is curious to observe, that in some cases, sensation may be excited without producing the ordinary association of ideas. See Mem. de Berlin, 1752.

1548. From all this, I think it will clearly appear, that not only the different states of excitement and collapse can take place in different degrees, but that they can take place in different parts of the brain, or at least, with respect to the different functions, in different degrees.

As I presume that almost every person has perceived the gradual approach of sleeping and waking, I likewise suppose every person has observed, that, in such intermediate state of unequal excitement, there almost always occurs more or less of delirium, or dreaming, if any body chooses to call it so. There are in this state false perceptions, false associations, false judgments, and disproportionate emotions; in short, all the circumstances by which I have above defined delirium.

This clearly shows that delirium may depend, and I shall hereafter endeavour to prove that it commonly does depend upon some inequality in the excitement of the brain; and that both these assertions are founded on this, that in order to the proper exercise of our intellectual functions, the excitement must be complete, and equal in every part of the brain. For though we cannot say that the vestiges of ideas are laid up in different parts of the brain, or that they are in some measure diffused over the whole, it will follow upon either supposition, that as our reasoning and our intellectual operations always require the orderly and exact recollection or memory of associated ideas; so, if any part of the brain is not excited, or not excitable, that recollection cannot properly take place, while at the same time other parts of the brain, more excited and excitable, may give false perceptions, associations, and judgments.

1549. It will serve to illustrate this, that the collapse in sleep is more or less complete; or that the sleep, as we commonly speak, is more or less profound; and therefore, that in many cases, though sleep takes place to a considerable degree, yet certain impressions do still take effect, and excite motions, or, if you will, sensations in the brain; but which sensations, upon account of a collapsed state of so great a part of the brain,

are generally of the delirious kind, or dreams, consisting of false preceptions, associations, and judgments, that would have been corrected if the brain had been entirely excited.

Every one, I believe, has observed, that the most imperfect sleeps, are those chiefly attended with dreaming; that dreams, therefore, most commonly occur towards morning, when the complete state of sleep is passing away; and further, that dreams are most commonly excited by strong and uneasy impressions made upon the body.

I apprehend it may also be an illustration of the same thing, that, even in waking hours, we have an instance of an unequal state of excitement in the brain producing delirium. Such, I think, occurs in the case of fever. In this it is manifest, that the energy of the brain, or its excitement, is considerably diminished with respect to the animal functions: and it is accordingly upon this ground that I have explained above, in 45, the delirium which so commonly attends fever. To what I have there said I shall here only add, that it may serve to confirm my doctrine, that the delirium in fever comes on at a certain period of the disease only, and that we can commonly discern its approach by a more than usual degree of it appearing in the time of the patient's falling into or coming out of sleep. It appears, therefore, that delirium, when it first comes on in fever, depends upon an inequality of excitement; and it can hardly be doubted, that the delirium which comes at length to prevail in the entirely weakened state of fevers, depends upon the same cause prevailing in a more considerable degree.

1550. From what has been now delivered, I hope it will be sufficiently evident, that delirium may be, and

frequently is, occasioned by an inequality in the excitement of the brain.

How the different portions of the brain may at the same time be excited or collapsed in different degrees, or how the energy of the brain may be in different degrees of force, with respect to the several animal, vital, and natural functions, I cannot pretend to explain; but it is sufficiently evident in fact, that the brain may be at one and the same time in different conditions with respect to these functions. Thus in inflammatory diseases, when by a stimulus applied to the brain the force of the vital functions is preternaturally increased, that of the animal is either little changed, or considerably diminished. On the contrary, in many cases of mania, the force of the animal functions depending always on the brain, is prodigiously increased, while the state of the vital function in the heart, is very little or not at all changed. I must, therefore, say again, that how difficult soever it may be to explain the mechanical or physical condition of the brain in such cases, the facts are sufficient to show that there is such an inequality as may disturb our intellectual operations.

1551. I have thus endeavoured to explain the general cause of *Delirium*; which is of two kinds, according as it is with, or without, *pyrexia*. Of the first I take no further notice here, having explained it as well as I could above in 45.

I proceed now to consider that *delirium* which properly belongs to the class of *Vesaniæ*, and which I shall treat of under the general title of *Insanity*.

1552. In entering upon this subject, it immediately occurs, that in many instances of *insanity*, we find, upon dissection after death, that peculiar circumstances had taken place in the general condition of the brain. In many cases, it has been found of a drier, harder, and

firmer consistence, than what it is usually of in persons who had not been affected with that disease. In other cases, it has been found in a more humid, soft, and flaccid state; and in the observations of the late Mr. Meckel, it has been found considerably changed in its density or specific gravity. Whether these different states have been observed to be uniformly the same over the whole of the brain, I cannot certainly learn; and I suspect the dissectors have not always accurately inquired into this circumstance: but in several instances, it appears that these states had been different in different parts of the brain; and instances of this inequality will afford a confirmation of our general doctrine.

The accurate Morgagni has observed, that in maniacal persons the medullary portion of the brain is usually dry, hard, and firm: and this he had so frequently observed, that he was disposed to consider it as generally the case. But in most of the particular instances which he has given, it appears, that, for the most part, while the cerebrum was of an unusually hard and firm consistence, the cerebellum was of its usual softness, and in many of the cases it was unusually soft and flaccid. In some other cases, Morgagni observes, that while a part of the cerebrum was harder and firmer than ordinary, other parts of it were preternaturally soft.

1553. These observations tend to confirm our general doctrine: and there are others which I think will apply to the same purpose.

Upon the dissection of the bodies of persons who had laboured under insanity, various organic affections have been discovered in particular parts of the brain; and it is sufficiently probable, that such organic affections might have produced a different degree of excitement in the free and affected parts, and must have interrupted in some measure the free communication between the

several parts of the brain, and in either way have occasioned insanity.

There have occurred so many instances of this kind, that I believe physicians are generally disposed to suspect organic lesions of the brain to exist in almost every case of insanity.

1554. This, however, is probably a mistake: for we know that there have been many instances of insanity, from which the persons have entirely recovered; and it is difficult to suppose that any organic lesions of the brain had in such case taken place. Such transitory cases, indeed, render it probable, that a state of excitement, changeable by various causes, had been the cause of such instances of insanity.

1555. It is indeed further asserted, that in many instances of insane persons, their brain had been examined after death, without showing that any organic lesions had before subsisted in the brain, or finding that any morbid state of the brain then appeared. This, no doubt, may serve to show, that organic lesions had not been the cause of the disease; but it does not assure us that no morbid change had taken place in the brain: for it is probable, that the dissectors were not always aware of its being the general condition of hardness and density, as different in different parts of the brain, that was to be attended to, in order to discover the cause of the preceding disease; and therefore many of them had not with this view examined the state of the brain, as Morgagni seems carefully to have done.

1556. Having thus endeavoured to investigate the cause of insanity in general, it were to be wished that I could apply the doctrine to the distinguishing the several species of it, according as they depend upon the different state and circumstances of the brain, and thereby to the establishing of a scientific and accurately adapt-

ed method of cure. These purposes, however, appear to me to be extremely difficult to be attained; and I cannot hope to execute them here. All I can do is to make some attempts, and offer some reflections, which further observation, and greater sagacity, may hereafter render more useful.

1557. The ingenious Dr. Arnold has been commendably employed in distinguishing the different species of insanity as they appear with respect to the mind; and his labours may hereafter prove useful, when we shall come to know something more of the different states of the brain corresponding to these different states of the mind; but at present I can make little application of his numerous distinctions. It appears to me that he has chiefly pointed out and enumerated distinctions, that are merely varieties, which can lead to little or no variety of practice: and I am especially led to form the latter conclusion, because these varieties appear to me to be often combined together, and to be often changed into one another, in the same person; in whom we must therefore suppose a general cause of the disease, which, so far as it can be known, must establish the pathology, and especially direct the practice.

1558. In my limited views of the different states of insanity, I must go on to consider them under the two heads of Mania and Melancholia: and though I am sensible that these two genera do not comprehend the whole of the species of insanity, I am not clear in assigning the other species which may not be comprehended under those titles. I shall however, endeavour, on proper occasions as I go along, to point them out as well as I can.

CHAPTER II.

OF MANIA, OR MADNESS.

1559. THE circumstances which I have mentioned above in 1536, as constituting delirium in general, do more especially belong to that kind of it which I shall treat of here under the title of **MANIA**.

There is sometimes a false perception or imagination of things present that are not; but this is not a constant, nor even a frequent, attendant of the disease. The false judgment, is of relations long before laid up in the memory. It very often turns upon one single subject; but more commonly the mind rambles from one subject to another with an equally false judgment concerning the inmost part of them; and as at the same time there is commonly a false association, this increases the confusion of ideas, and therefore the false judgments. What for the most part more especially distinguishes the disease is a hurry of mind, in pursuing any thing like a train of thought, and in running from one train of thought to another. Maniacal persons are in general very irascible; but what more particularly produces their angry emotions, is, that their false judgments lead to some action which is always pushed with impetuosity and violence; when this is interrupted or restrained, they break out into violent anger and furious violence against every person near them, and upon every thing that stands in the way of their impetuous will. The false judgment often turns upon a mistaken opinion of some injury supposed to have been formerly received, or now supposed to be intended: and it is remarkable that such an opinion is often with respect to

their former dearest friends and relations; and therefore their resentment and anger are particularly directed towards these. And although this should not be the case, they commonly soon lose that respect and regard which they formerly had for their friends and relations. With all these circumstances, it will be readily perceived, that the disease must be attended very constantly with that incoherent and absurd speech we call raving. Further, with the circumstances mentioned, there is commonly joined an unusual force in all the voluntary motions; and an insensibility or resistance of the force of all impressions, and particularly a resistance of the powers of sleep, of cold, and even of hunger; though indeed in many instances a voracious appetite takes place.

1560. It appears to me that the whole of these circumstances and symptoms point out a considerable and unusual excess in the excitement of the brain, especially with respect to the animal functions; and it appears at the same time to be manifestly in some measure unequal, as it very often takes place with respect to these functions alone, while at the same time the vital and natural are commonly very little changed from their ordinary healthy state.

1561. How this excess of excitement is produced, it may be difficult to explain. In the various instances of what Sauvages has named the *Mania Metastatica*, and in all the instances I have mentioned in my *Nosology* under the title of the *Mania Corporea*, it may be supposed that a morbid organic affection is produced in some part of the brain: and how that may produce an increased or unequal excitement in certain parts of it, I have endeavoured to explain above in 1553. But I must at the same time acknowledge, that such remote causes of mania have very rarely occurred; and that

therefore some other causes of the disease must be sought for.

The effects of violent emotions or passions of the mind have more frequently occurred as the remote causes of mania; and it is sufficiently probable, that such violent emotions, as they do often immediately produce a temporary increase of excitement, so they may, upon some occasions of their permanent inherence or frequent repetition, produce a more considerable and more permanent excitement, that is, a mania.

With respect to those causes of mania which arise in consequence of a melancholia which had previously long subsisted; whether we consider that melancholia as a partial insanity, or as a long persisting attachment to one train of thinking, it will be readily perceived, that in either case, such an increase of excitement may take place in so considerable a degree, and in so large a portion of the brain, as may give occasion to complete mania.

1562. These considerations with regard to the remote causes appear to me to confirm sufficiently our general doctrine of increased and unequal excitement in the mania which I have described above: but I must own that I have not exhausted the subject, and that there are cases of mania of which I cannot assign the remote causes: but although I cannot in all cases explain in what manner the mania is produced, I presume, from the explanation given, and especially from the symptoms enumerated above, to conclude, that the disease described above depends upon an increased excitement of the brain; an opinion in which I am the more confirmed, as I think it will point out the proper method of cure. At least I think it will most clearly explain the operation of those remedies which, so far as I can learn from my own experience and that of others, have

proved the most successful in this disease; and, to illustrate this, I now enter upon the consideration of these remedies, and to make some remarks upon the proper manner of employing them.

1563. Restraining the anger and violence of madmen is always necessary for preventing their hurting themselves or others: but this restraint is also to be considered as a remedy. Angry passions are always rendered more violent by the indulgence of the impetuous motions they produce; and even in madmen the feeling of restraint will sometimes prevent the efforts which their passion would otherwise occasion. Restraint, therefore, is useful, and ought to be complete; but it should be executed in the easiest manner possible for the patient, and the strait waistcoat answers every purpose better than any other that has yet been thought of. The restraining madmen by the force of other men, as occasioning a constant struggle and violent agitation, is often hurtful. Although, on many occasions, it may not be safe to allow maniacs to be upon their legs or to walk about, it is never desirable to confine them to a horizontal situation; and whenever it can be admitted, they should be more or less in an erect posture. Although there may be no symptoms of any preternatural fulness or increased impetus of blood in the vessels of the brain, a horizontal posture always increases the fulness and tension of these vessels, and may thereby increase the excitement of the brain.

1564. The restraint mentioned requires confinement within doors, and it should be in a place which presents as few objects of sight and hearing as possible, and particularly, it should be removed from the objects that the patient was formerly acquainted with, as these would more readily call up ideas and their various associations. It is for this reason that the confinement of madmen

should hardly ever be in their usual habitation; or if they are, that their apartment should be stripped of all its former furniture. It is also for the most part proper, that maniacs should be without the company of any of their former acquaintance; the appearance of whom commonly excites emotions that increase the disease. Strangers may at first be offensive; but in a little time they come to be objects either of indifference or of fear, and they should not be frequently changed.

1565. Fear being a passion that diminishes excitement, may therefore be opposed to the excess of it; and particularly to the angry and irascible excitement of maniacs. These being more susceptible of fear than might be suspected, it appears to me to have been commonly useful. In most cases it has appeared to be necessary to employ a very constant impression of fear; and therefore to inspire them with the awe and dread of some particular persons, especially of those who are to be constantly near them. This awe and dread is, therefore, by one means or other, to be acquired; in the first place, by their being the authors of all the restraints that may be occasionally proper; but sometimes it may be necessary to acquire it even by stripes and blows. The former, although having the appearance of more severity, are much safer than strokes or blows about the head. Neither of them, however, should be employed further than seems very necessary, and should be trusted only to those whose discretion can be depended upon. There is one case in which they are superfluous; that is, when the maniacal rage is either not susceptible of fear, or incapable of remembering the objects of it; for in such instances, stripes and blows would be wanton barbarity. In many cases of a moderate disease, it is of advantage that the persons who are the authors of restraint and punishment, should be upon other occa-

sions the bestowers of every indulgence and gratification that is admissible; never, however, neglecting to employ their awe when their indulgence shall have led to any abuse.

1566. Although in mania, no particular irritation nor fulness of the system seem to be present, it is plain, that the avoiding all irritation and means of fulness is proper; and, therefore, that a diet neither stimulating nor nourishing is commonly to be employed. As it may even be useful to diminish the fulness of the system, so both a low and a spare diet is likely in most cases to be of service.

1567. Upon the same principle, although no unusual fulness of the body be present, it may be of advantage to diminish even its ordinary fulness by different evacuations.

Blood-letting, in particular, might be supposed useful; and in all recent cases of mania it has been commonly practised, and I think with advantage; but when the disease has subsisted for some time, I have seldom found blood-letting of service. In those instances in which there is any frequency or fulness of pulse, or any marks of an increased impetus of the blood in the vessels of the head, blood-letting is a proper and even a necessary remedy. Some practitioners, in such cases, have preferred a particular manner of blood-letting, recommending arteriotomy, scarifying the hind-head, or opening the jugular vein; and where any fulness or inflammatory disposition in the vessels of the brain is to be suspected, the opening of the vessels nearest to them is likely to be of the greatest service. The opening, however, of either the temporal artery or the jugular vein in maniacal persons is very often inconvenient; and it may generally be sufficient to open a vein in the arm, while the body is kept in somewhat of an erect posture, and such

a quantity of blood drawn as nearly brings on a deliquium animi, which is always a pretty certain mark of some diminution of the fulness and tension of the vessels of the brain.

1568. For the same purpose of taking off the fulness and tension of these vessels of the brain, purging may be employed; and I can in no other view understand the celebrated use of hellebore among the ancients. I cannot, however, suppose any specific power in hellebore; and can by no means find that, at least the black hellebore, is so efficacious with us as it is said to have been at Anticyra. As costiveness, however, is commonly a very constant and hurtful attendant of mania, purgatives come to be sometimes very necessary; and I have known some benefit obtained from the frequent use of pretty drastic purgatives. In this, however, I have been frequently disappointed; and I have found more advantage from the frequent use of cooling purgatives, particularly the soluble tartar, than from more drastic medicines.

1569. Vomiting has also been frequently employed in mania; and by determining powerfully to the surface of the body, it may possibly diminish the fulness and tension of the vessels, and thereby the excitement of the brain; but I have never carried the use of this remedy so far as might enable me to judge properly of its effects. Whether it may do harm by impelling the blood too forcibly into the vessels of the brain, or whether by its general agitation of the whole system it may remove that inequality of excitement which prevails in mania, I have not had experience enough to determine.

1570. Frequent shaving of the head has been found of service in mania, and by promoting perspiration it probably takes off from the excitement of the internal parts. This, however, it is likely, may be more effec-

tually done by blistering, which more certainly takes off the excitement of subjacent parts. In recent cases it has been found useful by inducing sleep; and when it has that effect, the repetition of it may be proper: but in maniacal cases that have lasted for some time, blistering has not appeared to me to be of any service; and in such cases also I have not found perpetual blisters, or any other form of issue, prove useful.

1571. As heat is the principal means of first exciting the nervous system, and establishing the nervous power and vital principle in animals; so, in cases of preternatural excitement, the application of cold might be supposed a proper remedy: but there are many instances of maniacs who have been exposed for a great length of time to a considerable degree of cold without having their symptoms anywise relieved. This may render in general the application of cold a doubtful remedy; but it is at the same time certain, that maniacs have often been relieved, and sometimes entirely cured, by the use of cold bathing, especially when administered in a certain manner. This seems to consist, in throwing the madman in the cold water by surprise; by detaining him in it for some length of time; and pouring water frequently upon the head, while the whole of the body except the head is immersed in the water; and thus managing the whole process, so as that, with the assistance of some fear a refrigerant effect may be produced. This, I can affirm, has been often useful; and that the external application of cold may be of service, we know further from the benefit which has been received in some maniacal cases from the application of ice and snow to the naked head, and from the application of the noted clay cap.

Warm bathing also has been recommended by some practical writers; and in some rigid melancholic habits

it may possibly be useful, or as employed in the manner prescribed by some, of immersing the lower parts of the body in warm water, while cold water is poured upon the head and upper parts. Of this practice, however, I have had no experience, and in the common manner of employing warm bathing I have found it rather hurtful to maniacs.

1572. According to my supposition that the disease depends upon an increased excitement of the brain, especially with respect to the animal functions, opium, so commonly powerful in inducing sleep, or a considerable collapse as to these functions, should be a powerful remedy of mania. That it has truly proved such, I believe from the testimony of Bernard Huet, whose practice is narrated at the end of Wepseri Historia Apoplecticorum. I leave to my readers to study this in the work I have referred to, where every part of the practice is fully, and it appears to me, very judiciously delivered. I have never indeed carried the trial so far as seems to be requisite to an entire cure: but I have frequently employed in some maniacal cases large doses of opium; and when they had the effect of inducing sleep, it was manifestly with advantage. At the same time, in some cases, from doubts, whether the disease might not depend upon some organic lesions of the brain, when the opium would be superfluous; and in other cases, from doubts, whether there might not be some inflammatory affection joined with the mania, when the opium would be hurtful, I have never pushed this remedy to the extent that might be necessary to make an entire cure.

1573. Camphor has been recommended as a remedy of mania, and there are instances alleged of its having performed an entire cure. As it appears from the experiments of Beccaria that this substance is possessed

of a sedative and narcotic virtue, these cures are not altogether improbable: but in several trials, and even in large doses, I have found no benefit from it; and excepting those in the Philosophical Transactions, No. 400, I have hardly met with any other testimonies in its favour.

1574. I have been informed that some maniacs have been cured by being compelled to constant and even hard labour, and as a forced attention to the conduct of any bodily exercise is a very certain means of diverting the mind from pursuing any train of thought, it is highly probable that such exercise may be useful in many cases of mania.

I must conclude this subject with observing that even in several cases of complete mania, I have known a cure take place in the course of a journey carried on for some length of time.

1575. These are the remedies which have been chiefly employed in the mania that has been above described, and I believe they have been employed promiscuously without supposing that the mania was to be distinguished into different species. Indeed I am not ready to say how far it is to be so distinguished, but I shall offer one observation which may possibly merit attention.

It appears to me that there are two different cases of mania that are especially different according to the original temperament of the persons whom the disease affects. It perhaps occurs most frequently in persons of a melancholic or atrabilarian temperament; but it certainly does also often occur in persons of that very opposite temperament which physicians have named the sanguine. According as the disease happens to occur in persons of the one or other of these temperaments, I apprehend it may be considered as of a different nature; and I believe, that accurate observation, employed

upon a sufficient number of cases, would discern some pretty constant difference, either of the symptoms, or at least of the state of the symptoms, in the two cases. I imagine that false imaginations, particular aversions and resentments, are more fixed and steady in the melancholic than in the sanguine: and that somewhat inflammatory is more commonly joined with mania in the sanguine than in the melancholic. If such difference, however, does truly take place, it will be obvious, that it may be proper to make some difference also in the practice. I am of opinion, that in the mania of sanguine persons, blood-letting and other antiphlogistic measures are more proper, and have been more useful, than in the melancholic. I likewise apprehend that cold bathing is more useful in the sanguine than in the melancholic: but have not had experience enough to ascertain these points with sufficient confidence.

I have only to add to this other observation, that maniacs of the sanguine temperament recover more frequently and more entirely than those of the melancholic.

CHAPTER III.

OF MELANCHOLY, AND OTHER FORMS OF INSANITY.

1576. **MELANCHOLY** has been commonly considered as partial insanity; and as such it is defined in my *Nosology*; but I now entertain doubts if this be altogether proper. By a partial insanity, I understand a false and mistaken judgment upon one particular subject, and what relates to it; whilst, on every other subject, the person affected judges as the generality of other men do. Such cases have certainly occurred; but, I

believe, few in which the partial insanity is strictly limited. In many cases of general insanity, there is one subject of anger or fear, upon which the false judgment more particularly turns, or which is at least more frequently than any other the prevailing object of delirium: and though, from the inconsistency which this principal object of delirium must produce, there is therefore also a great deal of insanity with regard to most other objects; yet this last is in very different degrees, both in different persons, and in the same person at different times. Thus, persons considered as generally insane, will, however, at times, and in some cases, pretty constantly judge properly enough of present circumstances and incidental occurrences; though, when these objects engaging attention are not presented, the operations of imagination may readily bring back a general confusion, or recall the particular object of the delirium. From these considerations, I am inclined to conclude, that the limits between general and partial insanity cannot always be so exactly assigned, as to determine when the partial affection is to be considered as giving a peculiar species of disease, different from a more general insanity.

1577. When insanity, neither strictly partial nor entirely nor constantly general, occurs in persons of a sanguine temperament, and is attended with agreeable rather than with angry or gloomy emotions, I think such a disease must be considered as different from the mania described above; and also, though partial, must be held as different from the proper melancholia to be mentioned hereafter.

1578. Such a disease, as different from those described (1555.) requires, in my opinion, a different administration of remedies; and it will be proper for me to take particular notice of this here.

Although it may be necessary to restrain such insane persons as we have mentioned (1577.) from pursuing the objects of their false imagination or judgment, it will hardly be requisite to employ the same force of restraint that is necessary in the impetuous and angry mania. It will be generally sufficient to acquire some awe over them, that may be employed, and sometimes even be necessary, to check the rambling of their imagination, and incoherency of judgment.

1579. The restraint just now mentioned as necessary will generally require the patient's being confined to one place, for the sake of excluding the objects, and more particularly the persons, that might excite ideas connected with the chief objects of their delirium. At the same time, however, if it can be perceived there are objects or persons that can call off their attention from the pursuit of their own disordered imagination, and fix it a little upon some others, these last may be frequently presented to them: and for this reason, a journey, both by its having the effect of interrupting all train of thought, and by presenting objects engaging attention, may often be useful. In such cases also, when the insanity, though more especially fixed upon one mistaken subject, is not confined to this alone, but is further apt to ramble over other subjects with incoherent ideas, I apprehend the confining or forcing such persons to some constant uniform labour, may prove an useful remedy.

1580. When such cases as in 1577, occur in sanguine temperaments, and may therefore approach more nearly to Phrenitic Delirium; so, in proportion as the symptoms of this tendency are more evident and considerable, blood-letting and purging will be the more proper and necessary.

1581. To this species of insanity, when occurring in

sanguine temperaments, whether it be more or less partial, I apprehend that cold bathing is particularly adapted; while in the partial insanity of melancholic persons, as I shall show hereafter, it is hardly admissible.

1582. Having thus treated of a species of insanity, different, in my apprehension, from both the Mania and Melancholia, I proceed to consider what seems more properly to belong to this last.

1583. The disease, which I name Melancholia, is very often a partial insanity only. But as in many instances, though the false imagination or judgment seems to be with respect to one subject only; yet it seldom happens that this does not produce much inconsistency in the other intellectual operations: and as, between a very general and a very partial insanity, there are all the possible intermediate degrees: so it will be often difficult, or perhaps improper, to distinguish melancholia by the character of Partial Insanity alone. If I mistake not, it must be distinguished by its occurring in persons of a melancholic temperament, and by its being always attended with some seemingly groundless, but very anxious fear.

1584. To explain the cause of this, I must observe, that persons of a melancholic temperament are for the most part of a serious, thoughtful disposition, and disposed to fear and caution, rather than to hope and temerity. Persons of this cast are less moveable than others by any impressions: and are therefore capable of a closer or more continued attention to one particular object, or train of thinking. They are even ready to be engaged in a constant application to one subject; and are remarkably tenacious of whatever emotions they happen to be affected with.

1585. These circumstances of the melancholic character, seem clearly to show, that persons strongly af-

fected with it may be readily seized with an anxious fear; and that this, when much indulged, as is natural to such persons, may easily grow into a partial insanity.

1586. Fear and dejection of mind, or a timid and desponding disposition, may arise in certain states, or upon certain occasions of mere debility: and it is upon this footing, that I suppose it sometimes to attend dyspepsia. But in these cases, I believe the despondent disposition hardly ever arises to a considerable degree, or proves so obstinately fixed as when it occurs in persons of a melancholic temperament. In these last, although the fear proceeds from the same dyspeptic feelings as in the other case, yet it will be obvious, that the emotion may arise to a more considerable degree; that it may be more anxious, more fixed, and more attentive; and therefore may exhibit all the various circumstances, which I have mentioned in 1222, to take place in the disease named HYPOCHONDRIASIS.

1587. In considering this subject formerly in distinguishing dyspepsia from hypochondriasis, although the symptoms affecting the body be very much the same in both, and even those affecting the mind be somewhat similar, I found no difficulty in distinguishing the latter disease, merely from it occurring in persons of a melancholic temperament. But I must now acknowledge, that I am at a loss to determine how in all cases hypochondriasis and melancholia may be distinguished from one another, whilst the same temperament is common to both.

1588. I apprehend, however, that the distinction may be generally ascertained in the following manner.

The hypochondriasis I would consider as being always attended with dyspeptic symptoms: and though there may be, at the same time, an anxious melancholic fear arising from the feeling of these symptoms; yet

while this fear is only a mistaken judgment with respect to the state of the person's own health, and to the danger to be from thence apprehended, I would still consider the disease as a hypochondriasis, and as distinct from the proper melancholia. But when an anxious fear and despondency arises from a mistaken judgment with respect to other circumstances than those of health, and more especially when the person is at the same time without any dyspeptic symptoms, every one will readily allow this to be a disease widely different from both dyspepsia and hypochondriasis; and it is, what I would strictly name melancholia.

1589. In this there seems little difficulty; but as an exquisitely melancholic temperament may induce a torpor and slowness in the action of the stomach, so it generally produces some dyspeptic symptoms: and from thence there may be some difficulty in distinguishing such a case from hypochondriasis. But I would maintain, however, that when the characters of the temperament are strongly marked; and more particularly when the false imagination turns upon other subjects than that of health, or when, though relative to the person's own body, it is of a groundless and absurd kind; then, notwithstanding the appearance of some dyspeptic symptoms, the case is still to be considered as that of a melancholia, rather than a hypochondriasis.

1590. The disease of melancholia, therefore, manifestly depends upon the general temperament of the body; and although, in many persons, this temperament is not attended with any inorbid affection either of mind or body; yet when it becomes exquisitely formed, and is in a high degree, it may become a disease affecting both, and particularly the mind. It will therefore be proper to consider in what this melancholic temperament especially consists; and to this purpose, it may

be observed, that in it there is a degree of torpor in the motion of the nervous power, both with respect to sensation and volition; that there is a general rigidity of the simple solids; and that the balance of the sanguiferous system, is upon the side of the veins. But all these circumstances are the directly opposite of those of the sanguine temperament; and must therefore also produce an opposite state of the mind.

1591. It is this state of the mind, and the state of the brain corresponding to it, that is the chief object of our present consideration. But what that state of the brain is, will be supposed to be difficult to explain; and it may perhaps seem rash in me to attempt it.

I will, however, venture to say, that it is probable the melancholic temperament of mind depends upon a drier and firmer texture in the medullary substance of the brain; and that this perhaps proceeds from a certain want of fluid in that substance, which appears from its being of a lesser specific gravity than usual. That this state of the brain in melancholia does actually exist, I conclude, *first*, from the general rigidity of the whole habit; and, *secondly*, from dissections, showing such a state of the brain to have taken place in mania, which is often no other than a higher degree of melancholia. It does not appear to me anywise difficult to suppose, that the same state of the brain may in a moderate degree give melancholia; and in a higher, that mania which melancholia so often passes into; especially if I shall be allowed further to suppose, that either a greater degree of firmness in the substance of the brain may render it susceptible of a higher degree of excitement, or that one portion of the brain may be liable to acquire a greater firmness than others, and consequently give occasion to that inequality of excitement upon which mania so much depends.

1592. I have thus endeavoured to deliver what appears to me most probable with respect to the proximate cause of melancholia; and although the matter should in some respects remain doubtful, I am well persuaded that these observations may be often employed to direct our practice in this disease, as I shall now endeavour to show.

1593. In most of the instances of melancholia, the mind is to be managed very much in the same manner as I have advised above with regard to hypochondriasis; but as in the case of proper melancholia, there is commonly a false imagination or judgment appearing as a partial insanity, it may be further necessary in such cases to employ some artifices for correcting such imagination or judgment.

1594. The various remedies for relieving the dyspeptic symptoms which always attend hypochondriasis, will seldom be either requisite or proper in melancholia.

There is only one of the dyspeptic symptoms, which, though there should be no other, is very constantly present in melancholia, and that is costiveness. This it is always proper and even necessary to remove; and I believe it is upon this account that the use of purgatives has been found so often useful in melancholia. Whether there be any purgatives peculiarly proper in this case, I dare not positively determine; but with respect to the choice of purgatives in melancholia, I am of the same opinion that I delivered above on this same subject with respect to mania.

1595. With respect to other remedies, I judge that blood-letting will more seldom be proper in melancholia than in mania; but how far it may be in any case proper, must be determined by the same considerations as in the case of mania.

1596. The cold bathing that I judged to be so very

useful in several cases of insanity, is, I believe, in melancholia, hardly ever fit to be admitted; at least while this is purely a partial affection, and without any marks of violent excitement. On the contrary, upon account of the general rigidity prevailing in melancholia, it is probable that warm bathing may be often useful.

1597. With respect to opiates which I have supposed might often be useful in cases of mania, I believe they can seldom be properly employed in the partial insanities of the melancholic, except in certain instances of violent excitement, when the melancholia approaches nearly to the state of mania.

1598. In such cases of melancholia approaching to a state of mania, a low diet may sometimes be necessary; but as the employing a low diet almost unavoidably leads to the use of vegetable food, and as this in every torpid state of the stomach is ready to produce some dyspeptic symptoms, such vegetable food ought, in moderate cases of melancholia, to be used with some caution.

Though exercise, as a tonic power, is not proper either in hypochondriasis or melancholia; yet, with respect to its effects upon the mind, it may be extremely useful in both, and in melancholia is to be employed in the same manner that I have advised above in the case of hypochondriasis.

1599. Having now delivered my doctrine with respect to the forms of insanity, I should in the next place proceed to consider the other genera of Amentia and Oneirodynia, which in the Nosology I have arranged under the order of Vesaniæ; but as I cannot pretend to throw much light upon these subjects, and as they are seldom the objects of practice, I think it allowable for me to pass them over at present; and the particular circumstances of this work in some measure require that I should do so.

PART III.

OF CACHEXIES.

1600. UNDER this title I propose to establish a class of diseases, which consist in a depraved state of the whole, or of a considerable part, of the habit of the body, without any primary pyrexia or neurosis combined with that state.

1601. The term *Cachexy* has been employed by Linnæus and Vogel, as it had been formerly by other authors, for the name of a particular disease; but the disease to which these authors have affixed it, comes more properly under another appellation; and the term of *Cachexy* is more properly employed by Sauvages and Sagar for the name of a class. In this I have followed the last mentioned nosologists, though I find it difficult to give such a character of the class as will clearly apply to all the species I have comprehended under it. This difficulty would be still greater, if, in the class I have established under the title of *Cachexies*, I were to comprehend all the diseases that those other nosologists have done; but I am willing to be thought deficient rather than very incorrect. Those difficulties, however, which still remain in methodical nosology, must not affect us much in a treatise of practice. If I can here properly distinguish and describe the several species that truly and most commonly exist, I shall be the less concerned about the accuracy of my general classification; though at the same time this, I think, is always to be attempted; and I shall pursue it as well as I can.

BOOK I.

OF EMACIATIONS.

1602. **EMACIATION**, or a considerable diminution of the bulk or plumpness of the whole body, is for the most part only a symptom of disease, and very seldom to be considered as a primary and idiopathic affection. Upon this account, according to my general plan, such a symptom might perhaps have been omitted in the Methodical Nosology: but both the uncertainty of concluding it to be always symptomatic, and the consistency of system, made me introduce into the Nosology, as others had done, an order under the title of *Marcores*; and this renders it requisite now to take some notice of such diseases.

1603. Upon this occasion, therefore, I hope it may be useful to investigate the several causes of emaciation in all the different cases of disease in which it appears. And this I attempt, as the surest means of determining how far it is a primary or a symptomatic affection only; and even in the latter view, the investigation may be attended with some advantage.

1604. The causes of emaciation may, I apprehend, be referred to two general heads; that is, either to a general deficiency of fluid in the vessels of the body, or to the particular deficiency of the oil in the cellular texture of it. These causes are frequently combined together; but it will be proper, in the first place, to consider them separately.

1605. As a great part of the body of animals is made up of vessels filled with fluids, the bulk of the whole must depend very much on the size of these vessels, and the quantity of fluids present in them: and it will

therefore be sufficiently obvious, that a deficiency of the fluids in these vessels must, according to its degree, occasion a proportionate diminution of the bulk of the whole body. This, however, will appear still more clearly, from considering that in the living and sound body the vessels every where seem to be preternaturally distended by the quantity of fluids present in them; but being at the same time elastic, and constantly endeavouring to contract themselves, they must, on the withdrawing of the distending force, or, in other words, upon a diminution of the quantity of fluids, be in proportion contracted and diminished in their size. And it may be further observed, that as each part of the vascular system communicates with every other part of it; so every degree of diminution of the quantity of fluid, in any one part, must in proportion diminish the bulk of the vascular system, and consequently of the whole body.*

1606. The diminution and deficiency of the fluids

* There may, however, and often does, occur, a partial, without a general, diminution of the bulk of the body. This is manifested, in the shrivelling of a palsied limb, and other accidents, which frequently present themselves.

Throughout the greater portion of this book, the reasoning of our author is visionary and erroneous, in a very eminent degree.

As far as we now recollect, emaciation may, in every case, where it occurs, be correctly attributed to one of four causes; a deficiency in the *quantity* of aliment used; a deficiency of *wholesome* and *nutritious matter*, in the aliment; a debility, defect, or disorder, in the organs of assimilation and nutrition; or, a morbid increase, in the action, of the organs of absorption.

Oil cannot, we believe, be absorbed, in its *formal state*—we mean, *as oil*. Previously to absorption, it must undergo an essential change, suiting it to the *appetency, or habit of selection*, of the vessel, which absorbs.

It is not, therefore, as the professor alleges, taken up, either to lubricate, and prepare for action, the moving fibres of the body; nor yet to envelop, and render harmless, any acrimony, in the blood, or other fluids, of the body.

Such coarse, mechanical views, in physiology and pathology, are unworthy of refutation. From this, to the close of the work, therefore, we shall notice them no further.

may be occasioned by different causes: such as, first, by a due quantity of aliments not being taken in; or by the aliment taken in not being of a sufficiently nutritious quality. Of the want of a due quantity of aliment not being taken into the body, there is an instance in the *atrophia lactantium* *Sauvagesii*, species 3. and many other examples have occurred of emaciation from want of food, occasioned by poverty, and other accidental causes.

With respect to the quality of food, I apprehend it arises from the want of nutritious matter in the food employed, that persons living entirely on vegetables are seldom of a plump and succulent habit.

1607. A second cause of the deficiency of fluids may be, the aliments taken in not being conveyed to the blood-vessels. This may occur from a person's being affected with a frequent vomiting; which, rejecting the food soon after it had been taken in, must prevent the necessary supply of fluids to the blood-vessels. Another cause, frequently interrupting the conveyance of the alimentary matter into the blood-vessels, is an obstruction of the conglobate or lymphatic glands of the mesentery, through which the chyle must necessarily pass to the thoracic duct. Many instances of emaciation, seemingly depending upon this cause, have been observed by physicians, in persons of all ages, but especially in the young. It has also been remarked, that such cases have most frequently occurred in scrophulous persons, in whom the mesenteric glands are commonly affected with tumour or obstruction, and in whom, generally at the same time, scrophula appears externally. Hence the *Tabes scrophulosa* *Synop. Nosolog.* vol. ii. p. 266. And under these I have put as synonimes *Tabes glandularis*, sp. 10. *Tabes mesenterica*, sp. 9. *Scrophula mesenterica*, sp. 4. *Atrophia infantilis*, sp. 13. *Atro-*

phia rachitica, sp. 8. *Tabes rachialgica*, sp. 16. At the same time, I have frequently found the case occurring in persons who did not show any external appearance of scrophula, but in whom the mesenteric obstruction was afterwards discovered by dissection. Such also I suppose to have been the case in the disease frequently mentioned by authors under the title of the *Atrophia infantum*. This has received its name from the time of life at which it generally appears; but I have met with instances of it at fourteen years of age ascertained by dissection. In several such cases which I have seen, the patients were without any scrophulous appearances at the time, or at any period of their lives before.

In the case of phthisical persons, I shall hereafter mention another cause of their emaciation; but it is probable that an obstruction of the mesenteric glands, which so frequently happens in such persons, concurs very powerfully in producing the emaciaton that takes place.

Although a scrophulous taint may be the most frequent cause of mesenteric obstructions, it is sufficiently probable that other kinds of acrimony may produce the same, and the emaciaton that follows.

It may perhaps be supposed, that the interruption of the chyle's passing into the blood-vessels may be sometimes owing to a fault of the absorbents on the internal surface of the intestines. This, however, cannot be readily ascertained; but the interruption of the chyle's passing into the blood-vessels may certainly be owing to a rupture of the thoracic duct; which, when it does not prove soon fatal, by occasioning a hydrothorax must in a short time produce a general emaciation.

1608. A third cause of the deficiency of the fluids may be a fault in the organs of digestion, as not duly converting the aliment into a chyle fit to form in the

blood-vessels a proper nutritious matter. It is not, however, easy to ascertain the cases of emaciation which are to be attributed to this cause; but I apprehend that the emaciation which attends long subsisting cases of dyspepsia, or of hypochondriasis, is to be explained chiefly in this way. It is this which I have placed in the Nosology under the title of the *Atrophia debilium*; and of which the *Atrophia Nervosa*, Sauv. sp. 1. is a proper instance, and therefore put there as a synonime. But the other titles of *Atrophia Lateralis*, Sauv. sp. 15. and *Atrophia senilis*, Sauv. sp. 11. are not so properly put there, as they must be explained in a different manner.

1609. A fourth cause of a deficiency of the fluids in the body, may be excessive evacuations made from it by different outlets; and Sauvages has properly enumerated the following species, which we have put as synonimes under the title of *Atrophia inanitorum*; as, *Tabes nutricum*, sp. 4; *Atrophia nutricum*, sp. 5; *Atrophia a leucorrhœa*, sp. 4; *Atrophia ab alvi fluxu*, sp. 6; *Atrophia a ptyalismo*, sp. 7; and lastly, the *Tabes a sanguifluxu*; which, it is to be observed, may arise not only from spontaneous hæmorrhagies or accidental wounds, but also from blood-letting in too large a quantity, and too frequently repeated.

Upon this subject it seems proper to observe, that a meagre habit of body frequently depends upon a full perspiration being constantly kept up, though, at the same time, a large quantity of nutritious aliment is regularly taken in.

1610. Besides this deficiency of fluids from evacuations by which they are carried entirely out of the body, there may be a deficiency of fluid and emaciation in a considerable part of the body, by the fluids being drawn into one part, or collected into one cavity; and of this

we have an instance in the *Tabes a hydropo*, Sauv. sp. 5.

1611. In the Methodical Nosology, among the other synonimes of the *Atrophia inanitorum* I have set down the *Tabes dorsalis*; but whether properly or not, I at present very much doubt. In the evacuation considered as the cause of this tabes, as the quantity evacuated is never so great as to account for a general deficiency of fluids in the body, we must seek for another explanation of it. And whether the effects of the evacuation may be accounted for, either from the quality of the fluid evacuated, or from the singularly enervating pleasure attending the evacuation, or from the evacuation's taking off the tension of parts, the tension of which has a singular power in supporting the tension and vigour of the whole body, I cannot positively determine; but I apprehend that upon one or other of these suppositions the emaciation attending the *tabes dorsalis* must be accounted for: and therefore, that it is to be considered as an instance of the *Atrophia debilium*, rather than of the *Atrophia inanitorum*.

1612. A fifth cause of a deficiency of fluids, and of emaciations in the whole or in a particular part of the body, may be the concretion of the small vessels, either not admitting of fluids, or of the same proportion as before; and this seems to me to be the case in the *Atrophia senilis*, Sauv. sp. 2. Or it may be a palsy of the larger trunks of the arteries rendering them unfit to propel the blood into the smaller vessels; as is frequently the case of paralytic limbs, in which the arteries are affected as well as the muscles. The *Atrophia lateralis*, Sauv. sp. 15, seems to be of this nature.

1613. A second general head of the causes of emaciation I have mentioned in 1603, to be a deficiency of oil. The extent and quantity of the cellular texture

in every part of the body, and therefore how considerable a part it makes in the bulk of the whole, is now well known. But this substance, in different circumstances, is more or less filled with an oily matter; and therefore the bulk of it, and in a great measure that of the whole body, must be greater or less, according as this substance is more or less filled in that manner. The deficiency of fluids, for a reason to be immediately explained, is generally accompanied with a deficiency of oil: but physicians have commonly attended more to the latter cause of emaciation than to the other, that being usually the most evident; and I shall now endeavour to assign the several causes of the deficiency of oil, as it occurs upon different occasions.

1614. The business of secretion in the human body is in general little understood, and in no instance less so than in that of the secretion of oil from blood which does not appear previously to have contained it. It is possible, therefore, that our theory of the deficiency of oil may be in several respects imperfect; but there are certain facts that may, in the mean time, apply to the present purpose.

1615. First, it is probable, that a deficiency of oil may be owing to a state of the blood in animal bodies less fitted to afford a secretion of oil, and consequently to supply the waste of it that is constantly made. This state of the blood must especially depend upon the state of the aliments taken in, as containing less of oil or oily matter. From many observations made, both with respect to the human body and to that of other animals, it appears pretty clearly, that the aliments taken in by men and domestic animals, according as they contain more of oil, are in general more nutritious, and in particular are better fitted to fill the cellular texture of their bodies with oil. I might illustrate this, by a minute and

particular consideration of the difference of alimentary matters employed; but it will be enough to give two instances. The one is, that the herbaceous part of vegetables does not fatten animals, so much as the seeds of vegetables, which manifestly contain, in any given weight, a greater proportion of oil: and a second instance is, that in general vegetable aliments do not fatten men so much as animal food, which generally contains a larger portion of oil.

It will be obvious that, upon the same principles, a want of food, or a less nutritious food, may not only occasion a general deficiency of fluids (1605.) but must also afford less oil, to be poured into the cellular texture. In such cases, therefore, the emaciation produced is to be attributed to both these general causes.

1616. A second case of the deficiency of oil may be explained in this manner. It is pretty manifest, that the oil of the blood is secreted and deposited in the cellular texture in greater or lesser quantity, according as the circulation of the blood is faster or slower; and therefore that exercise, which hastens the circulation of the blood, is a frequent cause of emaciation. Exercise produces this effect in two ways. 1st. By increasing the perspiration, and thereby carrying off a greater quantity of the nutritious matter, it leaves less of it to be deposited in the cellular texture; thereby not only preventing an accumulation of fluids, but, as I have said above, causing a general deficiency of these, which must also cause a deficiency of oil in the cellular texture. 2dly, It is well known, that the oil deposited in the cellular texture is, upon many occasions, and for various purposes of the economy, again absorbed, and mixed or diffused in the mass of blood, to be from thence perhaps carried entirely out of the body by the several excretions. Now, among other purposes of the

accumulation and reabsorption of oil, this seems to be one, that the oil is requisite to the proper action of the moving fibres in every part of the body; and therefore that nature has provided for an absorption of oil to be made, according as the action of the moving fibres may demand it. It will thus be obvious, that the exercise of the muscular and moving fibres every where, must occasion an absorption of oil; and consequently that such exercise not only prevents the secretion of oil, as has been already said, but may also cause a deficiency of it, by occasioning an absorption of what had been deposited; and in this way perhaps especially, does it produce emaciation.

1617. A third case of the deficiency of oil may occur from the following cause. It is probable, that one purpose of the accumulation of oil in the cellular texture of animals is, that it may, upon occasion, be again absorbed from thence, and carried into the mass of blood, for the purpose of enveloping and correcting any unusual acrimony arising and existing in the state of the fluids. Thus, in most instances in which we can discern an acrid state of the fluids, as in scurvy, cancer, syphilis, poisons, and several other diseases, we find at the same time a deficiency of oil and an emaciation take place; which, in my apprehension, must be attributed to the absorption of oil, which the presence of acrimony in the body excites.

It is not unlikely that certain poisons introduced into the body, may subsist there; and, giving occasion to an absorption of oil, may lay a foundation for the *Tabes a veneno*, Sauv. sp. 17.

1618. A fourth cause of emaciation, and which I would attribute to a sudden and considerable absorption of oil from the cellular texture, is that of fever, which so generally produces emaciation. This may per-

haps be in part attributed to the increased perspiration, and therefore to the general deficiency of fluids that may be supposed to take place: but whatever share that may have in producing the effect, we can, from the evident shrinking and diminution of the cellular substance, wherever it falls under our observation, certainly conclude, that there has been a very considerable absorption of the oil which had been before deposited in that substance. This explanation is rendered the more probable from this, that I suppose the absorption mentioned is necessarily made for the purpose of enveloping or correcting an acrimony, which manifestly does in many, and may be suspected to arise in all cases of fever. The most remarkable instance of emaciation occurring in fevers, is that which appears in the case of hectic fevers. Here the emaciation may be attributed to the profuse sweatings that commonly attend the disease; but there is much reason to believe, that an acrimony also is present in the blood; which, even in the beginning of the disease, prevents the secretion and accumulation of oil; and in the more advanced states of it, must occasion a more considerable absorption of it; which, from the shrinking of the cellular substance, seems to go farther than in almost any other instance.

Upon the subject of emaciations from a deficiency of fluids, it may be observed, that every increased eva-
cuation excites an absorption from other parts, and particularly from the cellular texture; and it is therefore probable, that a deficiency of fluids, from increased eva-
cuations, produces an emaciation, not only by the waste of the fluids in the vascular system, but also by occasion-
ing a considerable absorption from the cellular texture.

1619. I have thus endeavoured to explain the several cases and causes of emaciation; but I could not prosecute the consideration of these here in the order they

are set down in the Methodical Nosology. In that work I was engaged chiefly in arranging the Species of Sauvages: but it is my opinion now, that the arrangement there given is erroneous, in both combining and separating species improperly: and it seems to me more proper here to take notice of diseases, and put them together, according to the affinity of their nature, rather than by that of their external appearances. I doubt, if even the distinction of the **Tabes** and **Atrophy**, attempted in the **Nosology**, will properly apply; as I think there are certain diseases of the same nature, which sometimes appear with, and sometimes without fever.

1620. After having considered the various cases of emaciations, I should perhaps treat of their cure: but it will readily appear, that the greater part of the cases above mentioned are purely symptomatic, and consequently that the cure of them must be that of the primary diseases upon which they depend. Of those cases that can any wise be considered as idiopathic, it will appear that they are to be cured entirely by removing the remote causes; the means of accomplishing which must be sufficiently obvious.

BOOK II.

OF INTUMESENTIÆ, OR GENERAL SWELLINGS.

1621. **THE** swellings to be treated of in this place, are those which extend over the whole or a great part of the body; or such at least, as, though of small extent, are however of the same nature with those that are more generally extended.

The swellings comprehended under this artificial order, are hardly to be distinguished from one another,

otherwise than by the matter they contain or consist of. And in this view I have divided the order into four sections, as the swelling happens to contain, 1st, Oil; 2d, Air; 3d, A watery fluid; or, 4th, As the increased bulk depends upon the enlargement of the whole substance of certain parts, and particularly of one or more of the abdominal viscera.

CHAPTER I.

OF ADIPOSE SWELLINGS.

1622. THE only disease to be mentioned in this chapter, I have, with other nosologists, named *Polysarcia*; and in English it may be named Corpulency, or, more strictly, Obesity; as it is placed here upon the common supposition of its depending chiefly upon the increase of oil in the cellular texture of the body. This corpulency, or obesity, is in very different degrees in different persons, and is often considerable without being considered as a disease. There is, however, a certain degree of it, which will be generally allowed to be a disease; as, for example, when it renders persons, from a difficult respiration, uneasy in themselves, and, from the inability of exercise, unfit for discharging the duties of life to others: and for that reason I have given such a disease a place here. Many physicians have considered it as an object of practice, and as giving, even in a very high degree, a disposition to many diseases. I am of opinion that it should be an object of practice more frequently than it has been, and therefore that it merits our consideration here.

1623. It may perhaps be alleged, that I have not

been sufficiently correct, in putting the disease of corpulency as an intumescentia pinguedinosa, and therefore implying its being an increase of the bulk of the body from an accumulation of oil in the cellular texture only. I am aware of this objection: and as I have already said, that emaciation (1604.) depends either upon a general deficiency of fluids in the vascular system, or upon a deficiency of oil in the cellular texture; so I should perhaps have observed farther, that the corpulency, or general fulness of the body, may depend upon the fulness of the vascular system as well as upon that of the cellular texture. This is true; and for the same reasons I ought, perhaps, after Linnæus and Sagar, to have set down plethora as a particular disease, and as an instance of morbid intumescence. I have, however, avoided this, as Sauvages and Vogel have done; because I apprehended that plethora is to be considered as a state of temperament only, which may indeed dispose to disease; but not as a disease in itself, unless, in the language of the Stahlians, it be a plethora commota, when it produces a disease accompanied with particular symptoms, which give occasion to its being distinguished by a different appellation. Further, it appears to me, that the symptoms which Linnæus, and more particularly those which Sagar employs in the character of plethora, never do occur but when the intumescentia pinguedinosa has a great share in producing them. It is, however, very necessary to observe here, that plethora and obesity are generally combined together; and that in some cases of corpulency it may be difficult to determine which of the causes has the greatest share in producing it. It is indeed very possible that a plethora may occur without great obesity; but I apprehend that obesity never happens to a considerable degree without producing a *plethora ad spatium*

in a great part of the system of the aorta, and therefore a *plethora ad molem* in the lungs, and in the vessels of the brain.*

1624. In attempting the cure of polysarcia, I am of opinion that the conjunction of plethora and obesity, in the manner just now mentioned, should be constantly attended to; and when the morbid effects of the plethoric habit are threatened, either in the head or lungs, that blood-letting is to be practised: but at the same time it is to be observed, that persons of much obesity do not bear blood-letting well; and when the circumstances I have mentioned do not immediately require it, the practice upon account of obesity alone is hardly ever to be employed. The same remark is to be made with respect to any other evacuations that may be proposed for the cure of corpulency: for without the other means I am to mention, they can give but a very imperfect relief; and, in so far as they can either empty or weaken the system, they may favour the return of plethora, and the increase of obesity.

1625. Polysarcia, or corpulency, whether it depend upon plethora or obesity, whenever it either can be considered as a disease or threatens to induce one, is to be cured, or the effects of it are to be obviated, by diet and exercise. The diet must be sparing; or rather, what is more admissible, it must be such as affords little nutritious matter. It must therefore be chiefly, or almost only, of vegetable matter, and at the very utmost of milk. Such a diet should be employed, and generally ought to precede exercise; for obesity does not easily admit of

* It is very well known, that fat persons have much less blood, than those who are lean. A butcher will tell you, that, from the vessels of a fat ox, he can draw, comparatively, but little blood.

Although it is true, therefore, that great obesity does augment the *plethora ad spatium*, it diminishes the *plethora ad molem*.

bodily exercise; which is, however, the only mode that can be very effectual. Such, indeed, in many cases, may seem difficult to be admitted; but I am of opinion, that even the most corpulent may be brought to bear it, by at first attempting it very moderately, and increasing it by degrees very slowly, but at the same time persisting in such attempts with great constancy.*

1626. As these, though the only effectual measures, are often difficult to be admitted or carried into execution, some other means have been thought of and employed for reducing corpulency. These, if I mistake not, have all been certain methods of inducing a saline state in the mass of blood, for such I suppose to be the effects of vinegar and of soap, which have been proposed. The latter, I believe, hardly passes into the blood vessels, without being resolved and formed into a neutral salt; with the acid which it meets with in the stomach. How well acrid and saline substances are fitted to diminish obesity, may appear from what has been said above in 1616. What effects vinegar, soap, or other substances employed, have had in reducing corpulency, there have not proper opportunities of observing occurred to me: but I am well persuaded, that the inducing a saline and acrid state of the blood, may have worse consequences than the corpulency it was intended to correct; and that no person should hazard these, while he may have recourse to the more safe and certain means of abstinence and exercise.

* In addition to the use of a spare diet, and constant exercise, persons inclined to obesity, should take but little sleep. Those who sleep only from five to six hours—a space sufficient to satisfy the demands of nature—will rarely grow fat.

CHAPTER II.

OF FLATULENT SWELLINGS.

1627. THE cellular texture of the human body very readily admits of air, and allows the same to pass from any one to every other part of it. Hence Emphysemata have often appeared from air collected in the cellular texture under the skin, and in several other parts of the body. The flatulent swellings under the skin, have indeed most commonly appeared in consequence of air immediately introduced from without: but in some instances of flatulent swellings, especially those of the internal parts not communicating with the alimentary canal, such an introduction cannot be perceived or supposed; and, therefore, in these cases, some other cause of the production and collection of air must be looked for, though it is often not to be clearly ascertained.

In every solid as well as every fluid substance which makes a part of the human body, there is a considerable quantity of air in a fixed state, which may be again restored to its elastic state, and separated from those substances, by the power of heat, putrefaction, and perhaps other causes: but which of these may have produced the several instances of pneumatosis and flatulent swellings, that have been recorded by authors, I cannot pretend to ascertain. Indeed upon account of these difficulties, I cannot proceed with any clearness on the general subject of pneumatosis; and, therefore, with regard to flatulent swellings, I find it necessary to confine myself to the consideration of those of the ab-

dominal region alone; which I shall now treat of under the general name of *Tympanites*.*

1628. The *tympanites* is a swelling of the abdomen; in which the teguments appear to be much stretched by some distending power within, and equally stretched in every posture of the body. The swelling does not readily yield to any pressure; and in so far as it does, very quickly recovers its former state upon the pressure being removed. Being struck, it gives a sound like a drum, or other stretched animal membranes. No fluctuation within is to be perceived; and the whole feels less weighty than might be expected from its bulk. The uneasiness of the distention is commonly relieved by the discharge of air from the alimentary canal, either upwards or downwards.

1629. These are the characters by which the *tympanites* may be distinguished from the *ascites* or *physconia*, and many experiments show, that the *tympanites*

* There can be doubt, that gaseous substances appear, occasionally, as the result of disordered secretory action. The cases of *pneumatosis*, here mentioned, may, therefore, arise from a morbid condition of the vessels that secrete the fat, or of those that supply the cellular membrane with the fine *halitus*, which softens and lubricates it.

In *tympanites intestinalis*, moreover, we have no doubt, that instead of being evolved from fermenting food, the air, which so greatly distends the alimentary canal, is generated, by the secretory vessels of that tube, in place of the fluid, intended for the lubrication of its internal surface. Hence the dryness of the fecal discharges, in that disease.

In relation to the treatment, we have nothing to subjoin, to what our author, himself, has left us, on that subject. We believe the disease to consist in a debilitated state of the alimentary canal, and that tonics afford the most promising remedies. But what tonics are entitled to a preference, our experience does not enable us to determine.

In addition to internal medicines, we think that blisters, applied to the abdominal region, promise to be useful.

Mercury, given as an alterative, especially in the form of the blue pill, and continued for a considerable time, is said to have been found efficacious in the treatment of *tympanites*. As in all other chronic affections, the healthy action of the skin must here be preserved as far as possible, by suitable clothing, and the use of the flesh-brush.

nites always depend upon a preternatural collection of air, somewhere within the teguments of the abdomen: but the seat of the air is in different cases somewhat different; and this produces the different species of the disease.

One species is, when the air collected is entirely confined within the cavity of the alimentary canal, and chiefly in that of the intestines. This species, therefore, is named the *Tympanites intestinalis*, Sauv. sp. 1. It is, of all others, the most common; and to it especially belong the characters given above,

A second species is, when the air collected is not entirely confined to the cavity of the intestines, but is also present between their coats; and such is that which is named by Sauvages *Tympanites enterophysodes*, Sauv. sp. 3. This has certainly been a rare occurrence; and has probably occurred only in consequence of the *tympanites intestinalis*, by the air escaping from the cavity of the intestines into the interstices of the coats. It is, however, possible that an erosion of the internal coat of the intestines may give occasion to the air, so constantly present in their cavity, to escape into the interstices of their coats, though in the whole of their cavity there has been no previous accumulation.

A third species is, when the air is collected in the sac of the peritonæum, or what is commonly called the cavity of the abdomen, that is, the space between the peritonæum and viscera; and then the disease is named *Tympanites abdominalis*, Sauv. sp. 2. The existence of such a *tympanites*, without any *tympanites intestinalis*, has been disputed; and it certainly has been a rare occurrence: but from several dissections, it is unquestionable that such a disease has sometimes truly occurred.

A fourth species of *tympanites* is, when the *tympan-*

nites intestinalis and *abdominalis* are joined together, or take place at the same time. With respect to this, it is probable that the *tympanites intestinalis* is the primary disease; and the other only a consequence of the air escaping, by an erosion or rupture of the coats of the intestines, from the cavity of these into that of the abdomen. It is indeed possible that in consequence of erosion or rupture, the air which is so constantly present in the intestinal canal, may escape from thence in such quantity, into the cavity of the abdomen, as to give a *tympanites abdominalis* whilst there was no previous considerable accumulation of air in the intestinal cavity itself; but I have not facts to ascertain this matter properly.

A fifth species has also been enumerated. It is when a *tympanites abdominalis* happens to be joined with the *hydrops ascites*; and such a disease therefore is named by Sauvages *Tympanites asciticus*, Sauv. sp. 4. In most cases of *tympanites*, indeed, some quantity of serum has, upon dissection, been found in the sac of the peritonæum; but that is not enough to constitute the species now mentioned; and when the collection of serum is more considerable, it is commonly where, both from the causes which have preceded, and likewise from the symptoms which attend, the ascites may be considered as the primary disease; and therefore that this combination does not exhibit a proper species of the *tympanites*.

1630. As this last is not a proper species, and as some of the others are not only extremely rare, but even when occurring, are neither primary, nor to be easily distinguished, nor, as considered in themselves, admitting of any cure, I shall here take no further notice of them; confining myself, in what follows, to the

consideration of the most frequent case, and almost the only object of practice, the *Tympanites intestinalis*.

1631. With respect to this, I cannot perceive that it arises in any peculiar temperament, or depends upon any predisposition, which can be discerned. It occurs in either sex, at every age, and frequently in young persons.

1632. Various remote causes of it have been assigned: but many of these have not commonly the effect of producing this disease; and although some of them have been truly antecedents of it, I can in few instances discover the manner in which they produce the disease, and therefore cannot certainly ascertain them to have been causes of it.

1633. The phenomena of this disease in its several stages are the following:

The tumour of the belly sometimes grows very quickly to a considerable degree, and seldom in the slow manner the ascites commonly comes on. In some cases, however, the tympanites comes on gradually, and is introduced by an unusual flatulency of the stomach and intestines, with frequent borborygmy, and uncommonly frequent expulsion of air upwards and downwards. This state is also frequently attended with colic pains, especially felt about the navel, and upon the sides towards the back, but generally as the disease advances, these pains become less considerable. As the disease advances, there is a pretty constant desire to discharge air, but it is accomplished with difficulty; and when obtained, although it give some relief from the sense of distention, this relief is commonly transient and of short duration. While the disease is coming on, some inequality of tumour and tension may be perceived in different parts of the belly; but the distention soon becomes equal over the whole, and exhibits the phenomena

mentioned in the character. Upon the first coming on of the disease, as well as during its progress, the belly is bound, and the faeces discharged are commonly hard and dry. The urine, at the beginning, is usually very little changed in quantity or quality from its natural state: but as the disease continues, it is commonly changed in both respects; and at length sometimes a strangury, and even an ischuria, comes on. The disease has seldom advanced far, before the appetite is much impaired, and digestion ill performed: and the whole body, except the belly, becomes considerably emaciated. Together with these symptoms, a thirst and uneasy sense of heat at length come on, and a considerable frequency of pulse occurs, which continues throughout the course of the disease. When the tumour of the belly arises to a considerable bulk, the breathing becomes very difficult, with a frequent dry cough. With all these symptoms the strength of the patient declines: and the febrile symptoms daily increasing; death at length ensues, sometimes probably in consequence of a gangrene coming upon the intestines.

1634. The tympanites is commonly of some duration, and to be reckoned a chronic disease. It is very seldom quickly fatal, except where such an affection suddenly arises in fevers. To this Sanvages has properly given a different appellation, that of *Meteorismus*; and I judge it may always be considered as a symptomatic affection, entirely distinct from the tympanites we are now considering.

1635. The tympanites is generally a fatal disease, seldom admitting of cure: but what may be attempted in this way, I shall try to point out, after I shall have endeavoured to explain the proximate cause, which

alone can lay the foundation of what may be rationally attempted towards its cure.

1636. To ascertain the proximate cause of tympanites, is somewhat difficult. It has been supposed, in many cases, to be merely an uncommon quantity of air present in the alimentary canal, owing to the extrication and detachment of a greater quantity of air than usual from the alimentary matters taken in. Our vegetable aliments, I believe, always undergo some degree of fermentation; and in consequence, a quantity of air is extricated and detached from them in the stomach and intestines: but it appears, that the mixture of the animal fluids which our aliments meet with in the alimentary canal, prevents the same quantity of air from being detached from them that would have been in their fermentation without such mixture; and it is probable that the same mixture contributes also to the reabsorption of the air that had been before in some measure detached. The extrication, therefore, of an unusual quantity of air from the aliments, may, in certain circumstances, be such, perhaps, as to produce a tympanites: so that this disease may depend upon a fault of the digestive fluids, whereby they are unfit to prevent the too copious extrication of air, and unfit also to occasion that reabsorption of air which in sound persons commonly happens. An unusual quantity of air in the alimentary canal, whether owing to the nature of the aliments taken in, or to the fault of the digestive fluid, does certainly sometimes take place; and may possibly have, and in some measure certainly has, a share in producing certain flatulent disorders of the alimentary canal; but cannot be supposed to produce the tympanites, which often occurs when no previous disorder had appeared in the system. Even in those cases of tympanites which are attended at their beginning with

flatulent disorders in the whole of the alimentary canal, as we know that a firm tone of the intestines both moderates the extrication of air, and contributes to its reabsorption or ready expulsion, so the flatulent symptoms which happen to appear at the coming on of a tympanites, are, in my opinion, to be referred to a loss of tone in the muscular fibres of the intestines, rather than to any fault in the digestive fluids.

1637. These, and other considerations, lead me to conclude, that the chief part of the proximate cause of tympanites, is a loss of tone in the muscular fibres of the intestines. But further, as air of any kind accumulated in the cavity of the intestines should, even by its own elasticity, find its way either upwards or downwards, and should also, by the assistance of inspiration, be entirely thrown out of the body; so, when neither the reabsorption nor the expulsion takes place, and the air is accumulated so as to produce tympanites, it is probable that the passage of the air along the course of the intestines is in some places of these interrupted. This interruption, however, can hardly be supposed to proceed from any other cause than spasmotic constrictions in certain parts of the canal; and I conclude, therefore, that such constrictions concur as part in the proximate cause of tympanites.—Whether these spasmotic constrictions are to be attributed to the remote cause of the disease, or may be considered as the consequence of some degree of atony first arising, I cannot with certainty, and do not find it necessary to determine.

1638. Having thus endeavoured to ascertain the proximate cause of tympanites, I proceed to treat of its cure; which indeed has seldom succeeded, and almost never but in a recent disease. I must, however, endeavour to say what may be reasonably attempted; what

has commonly been attempted; and what attempts have sometimes succeeded in the cure of this disease.

1639. It must be a first indication to evacuate the air accumulated in the intestines: and for this purpose it is necessary that those constrictions, which had especially occasioned its accumulation, and continue to interrupt its passage along the course of the intestines, should be removed. As these, however, can hardly be removed but by exciting the peristaltic motion in the adjoining portions of the intestines, purgatives have been commonly employed; but it is at the same time agreed, that the more gentle laxatives only ought to be employed, as the more drastic, in the overstretched and tense state of the intestines, are in danger of bringing on inflammation.

It is for this reason, also, that glysters have been frequently employed; and they are the more necessary, as the faeces collected are generally found to be in a hard and dry state. Not only upon account of this state of the faeces, but, farther, when glysters produce a considerable evacuation of air, and thus show that they have some effect in relaxing the spasms of the intestines, they ought to be repeated very frequently.

1640. In order to take off the constrictions of the intestines, and with some view also to the carminative effects of the medicines, various antispasmodics have been proposed, and commonly employed; but their effects are seldom considerable, and it is alleged that their heating and inflammatory powers have sometimes been hurtful. It is, however, always proper to join some of the milder kinds with both the purgatives and glysters that are employed; and it has been very properly advised to give always the chief of antispasmodics, that is, an opiate, after the operation of purgatives is finished.

1641. In consideration of the overstretched, tense, and dry state of the intestines, and especially of the spasmotic constrictions that prevail, fomentations and warm bathing have been proposed as a remedy; and are said to have been employed with advantage: but it has been remarked that very warm baths have not been found so useful as tepid baths long continued.

1642. Upon the supposition that this disease depends especially upon an atony of the alimentary canal, tonic remedies seem to be properly indicated. Accordingly chalybeates, and various bitters, have been employed; and if any tonic, the Peruvian bark might probably be useful.

1643. But as no tonic remedy is more powerful than cold applied to the surface of the body, and cold drink thrown into the stomach; so such a remedy has been thought of in this disease. Cold drink has been constantly prescribed, and cold bathing has been employed with advantage; and there have been several instances of the disease being suddenly and entirely cured by the repeated application of snow to the lower belly.

1644. It is hardly necessary to remark, that in the diet of tympanitic persons, all sorts of food ready to become flatulent in the stomach are to be avoided; and it is probable, that the fossil acids and neutral salts, as antizymics, may be useful.

1645. In obstinate and desperate cases of tympanites, the operation of the paracentesis has been proposed: but it is a very doubtful remedy, and there is hardly any testimony of its having been practised with success. It must be obvious, that this operation is a remedy suited especially, and almost only, to the *tympanites abdominalis*; the existence of which, separately from the *intestinatis*, is very doubtful, at least not easily ascertained. Even if its existence could be ascertained, yet it is not

very likely to be cured by this remedy; and how far the operation might be safe in the *tympanites intestinalis*, is not yet determined by any proper experience.

CHAPTER III.

OF WATERY SWELLINGS, OR DROPSIES.

1646. A PRETERNATURAL collection of serous or watery fluids, is often formed in different parts of the human body; and although the disease thence arising be distinguished according to the different parts which it occupies, yet the whole of such collections come under the general appellation of Dropsies. At the same time, although the particular instances of such collection are to be distinguished from each other according to the parts they occupy, as well as by other circumstances attending them; yet all of them seem to depend upon some general causes, very much in common to the whole. Before proceeding, therefore, to consider the several species, it may be proper to endeavour to assign the general causes of dropsy.

1647. In persons of health, a serous or watery fluid seems to be constantly poured out, or exhaled in vapour, into every cavity and interstice of the human body capable of receiving it; and the same fluid, without remaining long or being accumulated in these spaces, seems constantly to be soon again absorbed from thence by vessels adapted to the purpose. From this view of the animal economy, it will be obvious, that if the quantity poured out into any space, happens to be greater than the absorbents can at the same time take up, an unusual accumulation of serous fluid will be made in such parts; although the quantity poured out be not more than

usual, yet if the absorption be anywise interrupted or diminished, from this cause also an unusual collection of fluids may be occasioned.

Thus, in general, dropsy may be imputed to an increased effusion, or to a diminished absorption; and I therefore proceed to inquire into the several causes of these.

1648. An increased effusion may happen, either from a preternatural increase of the ordinary exhalation, or from the rupture of vessels carrying, or of sacs containing, serous or watery fluids.

1649. The ordinary exhalation may be increased by various causes, and particularly by an interruption given to the free return of the venous blood from the extreme vessels of the body to the right ventricle of the heart. This interruption seems to operate by resisting the free passage of the blood from the arteries into the veins, thereby increasing the force of the arterial fluids in the exhalants, and consequently the quantity of fluid which they pour out.

1650. The interruption of the free return of the venous blood from the extreme vessels, may be owing to certain circumstances affecting the course of the venous blood; very frequently, to certain conditions in the right ventricle of the heart itself, preventing it from receiving the usual quantity of blood from the vena cava; or to obstructions in the vessels of the lungs preventing the entire evacuation of the right ventricle, and thereby hindering its receiving the usual quantity of blood from the cava. Thus, a polypus in the right ventricle of the heart, and the ossification of its valves, as well as all considerable and permanent obstructions of the lungs, have been found to be causes of dropsy.

1651. It may serve as an illustration of the operation of these general causes, to remark, that the return of

the venous blood is in some measure resisted when the posture of the body is such as gives occasion to the gravity of the blood to oppose the motion of it in the veins, which takes effect when the force of the circulation is weak; and from whence it is that an upright posture of the body produces or increases serous swellings in the lower extremities.

1652. Not only those causes interrupting the motion of the venous blood more generally, but, farther, the interruption of it in particular veins, may likewise have the effect of increasing exhalation, and producing dropsy. The most remarkable instance of this is, when considerable obstructions of the liver prevent the blood from flowing freely into it from the vena portarum and its numerous branches; and hence these obstructions are a frequent cause of dropsy.

1653. Scirrhosities of the spleen and other viscera, as well as the scirrhosity of the liver, have been considered as causes of dropsy; but the manner in which they can produce the disease, I do not perceive, except it may be where they happen to be near some considerable vein, by the compression of which they may occasion some degree of ascites; or, by compressing the vena cava, may produce an anasarca of the lower extremities. It is indeed true, that scirrhosities of the spleen and other viscera, have been frequently discovered in the bodies of hydropic persons: but I believe that they have been seldom found unless when scirrhosities of the liver were also present; and I am inclined to think, that the former have been the effects of the latter, rather than the cause of the dropsy; or that, if scirrhosities of the other viscera have appeared in hydropic bodies when that of the liver was not present, they must have been the effects of some of those causes of dropsy to be hereafter mentioned; and consequently

to be the accidental attendants, rather than the causes of such dropsies.

1654. Even in smaller portions of the venous system, the interruption of the motion of the blood in particular veins has had the same effect. Thus a polypus formed in the cavity of a vein, or tumours formed in its coats, preventing the free passage of the blood through it, have had the effect of producing dropsy in parts towards the extremity of such veins.

1655. But the cause most frequently interrupting the motion of the blood through the veins is, the compression of tumours existing near to them; such as aneurisms in the arteries, abscesses, and scirrhouous or steatomatous tumours in the adjoining parts.

To this head may be referred the compression of the descending cava by the bulk of the uterus in pregnant women, and the compression of the same by the bulk of water in the ascites; both of which compressions frequently produce serous swellings in the lower extremities.

1656. It may be supposed, that a general preternatural plethora of the venous system may have the effect of increasing exhalation; and that this plethora may happen from the suppression of fluxes, or evacuations of blood, which had for some time taken place in the body, such as the menstrual and hæmorrhoidal fluxes. A dropsy, however, from such a cause, has been at least a rare occurrence; and when it seems to have happened, I should suppose it owing to the same causes as the suppression itself, rather than to the plethora produced by it.

1657. One of the most frequent causes of an increased exhalation, I apprehend to be the laxity of the exhalant vessels. That such a cause may operate, appears probable from this, that paralytic limbs, in which

such a laxity is to be suspected, are frequently affected with serous, or as they are called, œdematosus swellings.

But a much more remarkable and frequent example of its operation occurs in the case of a general debility of the system, which is so often attended with dropsy. That a general debility does induce dropsy, appears sufficiently from its being so commonly the consequence of powerfully debilitating causes: such as fevers, either of the continued or intermittent kind, which have lasted long; long continued and somewhat excessive evacuations of any kinds; and in short, almost all diseases that have been of long continuance, and have at the same time induced the other symptoms of a general debility.

Among other causes inducing a general debility of the system, and thereby dropsy, there is one to be mentioned as frequently occurring, and that is, intemperance in the use of intoxicating liquors; from whence it is that drunkards of all kinds, and especially dram-drinkers, are so affected with this disease.

1658. That a general debility may produce a laxity of the exhalants, will be readily allowed; and that by this especially it occasions dropsy, I judge from thence, that while most of the causes already mentioned are suited to produce dropsies of particular parts only, the state of general debility gives rise to an increased exhalation into every cavity and interstice of the body, and therefore brings on a general disease. Thus, we have seen effusions of a serous fluid made, at the same time, into the cavity of the cranium, into that of the thorax and the abdomen, and likewise into the cellular texture almost over the whole of the body. In such cases, the operation of a general cause discovered itself, by these several dropsies increasing in one part as they diminish one another, and this alternately in the different

parts. This combination, therefore, of the different species of dropsy, or rather, as it may be termed, this universal dropsy, must, I think, be referred to a general cause: and in most instances, hardly any other can be thought of, but a general laxity of the exhalants. It is this, therefore, that I call the *hydropic diathesis*; which frequently operates by itself; and frequently in some measure, concurring with other causes, is especially that which gives them their full effect.

This state of the system, in its first appearance, seems to be what has been considered as a particular disease under the name of *Cachexy*; but in every instance of it that has occurred to me, I have always considered, and have always found it, to be the beginning of general dropsy.

1659. The several causes of dropsy already mentioned may produce the disease, although there be no preternatural abundance of serous or watery fluid in the blood-vessels; but it is now to be remarked, that a preternatural abundance of that kind may often give occasion to the disease, and more especially when such abundance concurs with the causes above enumerated.

One cause of such preternatural abundance may be an unusual quantity of water taken into the body. Thus, an unusual quantity of water taken in by drinking, has sometimes occasioned a dropsy. Large quantities of water, it is true, are upon many occasions taken in; and being as readily thrown out again by stool, urine, or perspiration, have not produced any disease. But it is also certain, that, upon some occasions, an unusual quantity of watery liquors taken in has run off by the several internal exhalants, and produced a dropsy. This seems to have happened either from the excretaries not being fitted to throw out the fluid so fast as it had been taken in, or from the excretaries having been obstructed

by accidentally concurring causes. Accordingly it is said, that the sudden taking in of a large quantity of very cold water, has produced dropsy, probably from the cold producing a constriction of the excretaries.

The proportion of watery fluid in the blood may be increased, not only by the taking in a large quantity of water by drinking, as now mentioned, but it is possible that it may be increased also by water taken in from the atmosphere by the skin in an absorbing or imbibing state. It is well known that the skin may be, at least occasionally, in such a state; and it is probable, that in many cases of beginning dropsy, when the circulation of the blood on the surface of the body is very languid, that the skin may be changed from a perspiring to an imbibing state; and thus, at least, the disease may be very much increased.

1660. A second cause of a preternatural abundance of watery fluids in the blood-vessels, may be, an interruption of the ordinary watery excretions; and accordingly it is alleged, that persons much exposed to a cold and moist air are liable to dropsy. It is also said, that an interruption, or considerable diminution, of the urinary secretion, has produced the disease; and it is certain, that in the case of an *ischuria renalis*, the serosity retained in the blood-vessels has been poured out into some internal cavities, and has occasioned dropsy.

1661. A third cause of an over proportion of serous fluid in the blood ready to run off by the exhalants, has been very large evacuations of blood, either spontaneous or artificial. These evacuations, by abstracting a large proportion of red globules and gluten, which are the principal means of retaining serum in the red vessels, allow the serum to run off more readily by the exhalants: and hence dropsies have been frequently the consequence of such evacuations.

It is possible also, that large and long continued issues, by abstracting a large proportion of gluten, may have the same effect.

An over proportion of the serous parts of the blood, may not only be owing to the *spoliation* just now mentioned, but may, I apprehend, be likewise owing to a fault in the digesting and assimilating powers in the stomach and other organs; whereby they do not prepare and convert the aliments taken in, in such a manner as to produce from them the due proportion of red globules and gluten; but, still continuing to supply the watery parts, occasion these to be in an over proportion, and consequently ready to run off in too large quantity by the exhalants. It is in this manner that we explain the dropsy, so often attending chlorosis: which appears always at first by a pale colour of the whole body, showing a manifest deficiency of red blood; which in that disease can only be attributed to an imperfect digestion and assimilation.

Whether a like imperfection takes place in what has been called a *Cachexy*, I dare not determine. This disease indeed has been commonly and very evidently owing to the general causes of debility above mentioned: and it being probable that the general debility may affect the organs of digestion and assimilation; so the imperfect state of these functions, occasioning a deficiency of red globules and gluten, may often concur with the laxity of the exhalants in producing dropsy.

1662. These are the several causes of increased exhalation, which I have mentioned as the chief cause of the effusion producing dropsy; but I have likewise observed in 1648, that with the same effect, an effusion may also be made by the rupture of vessels carrying watery fluids.

In this way, a rupture of the thoracic duct, has given

occasion to an effusion of chyle and lymph into the cavity of the thorax; and a rupture of the lacteals has occasioned a like effusion into the cavity of the abdomen; and in either case a dropsy has been produced.

It is sufficiently probable, that a rupture of lymphatics, in consequence of strains, or the violent compression of neighbouring muscles, has occasioned an effusion; which, being diffused in the cellular texture, has produced dropsy.

It belongs to this head of causes, to remark, that there are many instances of a rupture or erosion of the kidneys, ureters, and bladder of urine; whereby the urine has been poured into the cavity of the abdomen, and produced an ascites.

1663. Upon this subject, of the rupture of vessels carrying, or of vesicles containing, watery fluids, I must observe, that the dissection of dead bodies has often shown vesicles formed upon the surface of many of the internal parts; and it has been supposed, that the rupture of such vesicles, commonly named *Hydatides*, together with their continuing to pour out a watery fluid, has been frequently the cause of dropsy. I cannot deny the possibility of such a cause, but suspect the matter must be explained in a different manner.

There have been frequently found, in almost every different part of animal bodies, collections of spherical vesicles, containing a watery fluid; and in many cases of supposed dropsy, particularly in those called the preternatural encysted dropsies, the swelling has been entirely owing to a collection of such hydatides. Many conjectures have been formed with regard to the nature and production of these vesicles: but the matter at last seems to be ascertained. It seems to be certain, that each of these vesicles has within it, or annexed to it, a living animal of the worm kind: which seems to have

the power of forming a vesicle for the purpose of its own economy, and of filling it with a watery fluid drawn from the neighbouring parts: and this animal has therefore been properly named by late naturalists the *Tænia hydatigena*. The origin and economy of this animal, or an account of the several parts of the human body which it occupies, I cannot prosecute further here; but it was proper for me in delivering the causes of dropsy, to say thus much of hydatides: and I must conclude with observing, I am well persuaded, that most of the instances of preternatural encysted dropsies which have appeared in many different parts of the human body, have been truly collections of such hydatides; but how the swellings occasioned by these are to be distinguished from other species of dropsy, or how they are to be treated in practice, I cannot at present determine.

1664. After having mentioned these; I return to consider the other general cause of dropsy, which I have said in 1647 may be, an interruption or diminution of the absorption that should take up the exhaled fluids from the several cavities and interstices of the body; the causes of which interruption, however, are not easily ascertained.

1665. It seems probable, that absorption may be diminished, and even cease altogether, from a loss of tone in the absorbent extremities of the lymphatics. I cannot indeed doubt that a certain degree of tone or active power is necessary in these absorbent extremities; and it appears probable, that the same general debility which produces that laxity of the exhalant vessels, wherein I have supposed the hydropic diathesis to consist, will at the same time occasion a loss of tone in the absorbents; and therefore that a laxity of the exhalants will generally be accompanied with a loss of tone in the absorbents; and that this will have a share in the production of

dropsy. Indeed it is probable that the diminution of absorption has a considerable share in the matter; as dropsies are often cured by medicines which seem to operate by exciting the action of the absorbents.

1666. It has been supposed, that the absorption performed by the extremities of lymphatics may be interrupted by an obstruction of these vessels, or at least of the conglobate glands through which these vessels pass. This, however, is very doubtful. As the lymphatics have branches frequently communicating with one another, it is not probable that the obstruction of any one, or even several of these, can have any considerable effect in interrupting the absorption of their extremities.

And for the same reason it is as little probable that the obstruction of conglobate glands can have such an effect: at least it is only an obstruction of the glands of the mesentery, through which so considerable a portion of the lymph passes, that can possibly have the effect of interrupting absorption. But even this we should not readily suppose, there being reason to believe that these glands, even in a considerably tumefied state, are not entirely obstructed: and accordingly I have known several instances of the most part of the mesenteric glands being considerably tumefied, without either interrupting the transmission of fluids to the blood-vessels, or occasioning any dropsy.

An hydropic swelling, indeed, seems often to affect the arm from a tumour of the axillary gland: but it seems to me doubtful, whether the tumour of the arm may not be owing to some compression of the axillary vein rather than to an obstruction of the lymphatics.

1667. A particular interruption of absorption may be supposed to take place in the brain. As no lymphatic vessels have yet very certainly been discovered in that organ, it may be thought that the absorption, which cer-

tainly takes place there, is performed by the extremities of veins, or by vessels that carry the fluid directly into the veins; so that any impediment to the free motion of the blood in the veins of the brain, may interrupt the absorption there, and occasion that accumulation of serous fluid which so frequently occurs from a congestion of blood in these veins. But I give all this as a matter of conjecture only.

1668. Having thus explained the general causes of dropsy, I should proceed, in the next place, to mention the several parts of the body in which serous collections take place, and so to mark the different species of dropsy: but I do not think it necessary for me to enter into any minute detail upon this subject. In many cases, these collections are not to be ascertained by any external symptomis, and therefore cannot be the objects of practice; and many of them, though in some measure discernible, do not seem to be curable by our art. I the more especially avoid mentioning very particularly the several species, because that has already been sufficiently done by Dr. D. Monro, and other writers in every body's hands. I must confine myself here to the consideration of those species which are the most frequently occurring and the most common objects of our practice; which are, the Anasarca, Hydrothorax, and Ascites, and each of these I shall treat of in so many separate sections.

SECTION I.

OF ANASARCA.*

1669. THE Anasarca is a swelling upon the surface of the body, at first commonly appearing in particular

* To what our author has, himself, given us, on the subject of dropsy, in general, we have but little to add, that could prove either interesting, in

parts only, but at length frequently appearing over the whole. So far as it extends, it is an uniform swelling

speculation, or useful, in practice: We shall not, therefore, waste our time, in writing notes, merely to give our readers the trouble of perusing them.

In relation to the cause of dropsy, we are told, that it arises immediately from a destruction of the balance, between secretion and absorption. Than this, there can be no position more true. But the inquiry ought not to terminate here. This "destruction of balance" is, itself, but an effect. As such, *it*, also, must have a cause; and that is the primary cause of dropsy.

By many, dropsy is supposed to arise from an excessive loss of blood. But this is to be regarded as a vulgar error. Such a loss, weakens *all parts* of the system alike, without subverting the healthy balance, between any two of them. It cannot, therefore, be productive of dropsy.

The source of this error, however, it is not difficult to discover. An excessive loss of blood, produces a diminution of the coagulating lymph, and of the red globules of that fluid: in common language, it produces a thin, and watery state of it. So does the real cause of dropsy. But these two causes, produce the same effect in different ways. An excessive loss of blood, carries off the coagulating lymph, and the red globules *after they have been formed*; the true cause of dropsy, which consists in a disease of some of the assimilating organs, *prevents these parts from being formed*: The result is, therefore, the same—a deficiency of them in the blood.

We believe, that every case of anasarca and ascites, arises from a diseased state, of some one of the abdominal viscera—the stomach, the liver, the spleen, or the intestines. Hence the morbid appearances, which, on dissection of those, who die of dropsies, are uniformly discovered, in these organs: and hence, all the powerful antihydric medicines act, principally, on one of these parts.

Till of late, dropsy was, almost universally, supposed, by European writers, to depend on an antiphlogistic diathesis—on what they denominated *slackness of the system*. We believe the reverse of this to be much nearer the truth. In a great majority of cases, dropsy is the result of congestion, inflammatory irritation, and excessive action. If we might rely on our own observation, we would say, that it is always so: for we have never known a case of this disease, to arise from any other source. Indeed, it is not easy for us, at present to perceive, how it is possible that it should arise from any other.

Dropsy is, always, a symptomatic disease; and, therefore, supposes, of necessity, the pre-existence of some original affection. It must, more frequently, take its rise from an increased secretion, than a diminished absorption. We have never witnessed an instance, in which we could consider it as arising from the latter source. But an excess, in any kind of secretory action, appears to us, necessarily, to imply a phlogistic diathesis, at least so far as that secretion is concerned: the increase in the secretion is intended, by nature, to remove such diathesis.

An excessive secretion of bile never takes place, but as the result of a state of congestion, and a phlogistic diathesis of the liver: an increased dis-

over the whole member, at first always soft, and readily receiving the pressure of the finger, which forms a hol-

charge of saliva, affords positive evidence that the glands, which secrete it, are in a similar condition: an inflammation of the eye, extending its irritation to the lachrymal gland, produces an augmented flow of tears: while an inflammatory state of the bladder, rectum, and schneiderian membrane, produces, from those parts, an altered and augmented secretion of mucus.

We know, and acknowledge, moreover, that a congestion and inflammatory condition of the testicle, gives rise to hydrocele, and that hydrothorax is, oftentimes, the result of catarrhal inflammation.

Whence is it, then, that, in ascites, and anasarca, which are known to be often accompanied by a schirrus, or chronic inflammation of the liver, the augmented secretion should arise, not only from a different, but an opposite cause? As far as our own discernment avails us, we perceive no reason for believing, that it does arise from such a cause? Here, as in other instances, the preternatural increase of fluid is produced, by increased secretory action; and this increase results from congestion, and a phlogistic diathesis.

The phenomena attendant on anasarca and ascites, when duly considered, convince us that this is the case. In these diseases, perspiration is checked, and the urine is secreted, in a diminished quantity. Yet aliment and drink are received as usual—sometimes, indeed, in an *increased* proportion. The necessary consequence is, a fulness and congestion, if not of the whole, at least, of some parts of the system; which must produce, of itself, preternatural excitement.

But we have still further evidence that anasarca and ascites arise from a phlogistic diathesis. In these complaints, the pulse, although not, perhaps, either full or strong, very rarely fails to be quick, tense, and, sometimes, considerably bounding and hard: qualities of arterial action, resulting from such a diathesis alone. Besides the dropsical fluid, as well as the urine, very often contains a portion of matter, coagulable by heat: a phenomenon, which is well known never to take place, except as the result of inflammatory action. Thus, if a blister be applied, on a part where the inflammation is unusually high, the fluid discharged is frequently gelatinous.

As an additional argument, in favour of the inflammatory nature of dropsy, we may observe, that, for fifteen or twenty years past, that disease has been much less prevalent, in the city of Philadelphia, than it had formerly been. The reason of this, we believe to be, that, within the period mentioned, the lancet has been so freely used, in the treatment of bilious fevers, of every description, as to prevent them from terminating in inflammatory congestions of the abdominal viscera: for, as already mentioned, such congestions are among the most powerful causes of dropsy.

The inflammatory character of dropsy, may be further, we think, inferred, from the remedies which are found to be most successful, in its treatment. These are, all *evacuants*, and calculated, therefore, to *diminish* action. They are, the antiphlogistic regimen generally, *venesection*, *emetics*, *purgatives*, *diuretics*, and *sialagogues*. But, to be more particular:

In the commencement of this disease, when the pulse is tense, frequent,

low that remains for some little time after the pressure is removed, but at length rises again to its former ful-

and active, blood-letting is indispensable; and must be repeated, according as circumstances may require. The blood, although superabounding in serum, is, oftentimes, found to be exceedingly sizy.

In hydrothorax, emetics afford relief; and, in anasarca, prove, in some instances, highly useful. A sudden and copious discharge of the distending fluid, has been known to follow their administration. Their repetition must be left to the judgment of the practitioner.

The importance of purgatives, in the treatment of dropsy, must be familiar to every one, who is at all conversant in the practice of medicine. By them alone, the disease has been, oftentimes, completely removed.

Of purgatives, sometimes the drastic, at other times, the more lenient, answer best; according to the sensibility of the stomach and bowels.

The saline purgatives are highly useful. We have known several dropsical affections to be removed, by the exhibition of cream of tartar, three or four times a day. Glauber's salts and soluble tartar may be, also, advantageously administered, in this disease. The evacuations they produce are copious and liquid: they are correctly, therefore, denominated *watery purges*.

The principal diuretics, used in this disease, are, nitre, squills, and digitalis; to which may be added, the vegetable and fossil alkalis. These are all active remedies; and, when skilfully directed, seldom fail to produce some effect. Digitalis, however, has not, even in dropsy, sustained, in the United States, the weight of character, it brought with it from Great Britain. Yet it is useful, as an antihydropic medicine.

We have elsewhere observed, that the only genuine sialagogue is *mercury*. In cases of dropsy, where there exist obstructions in the liver, spleen, or other abdominal viscera, its employment is essential. It is usually, however, combined with nitre, squills, or digitalis. To prove effectual, it must be be given, until it produce its characteristic effect.

Calomel, combined with squills, or digitalis, is also an important remedy, in hydrothorax. It is in the treatment of this form of the disease, that the latter remedy is considered most powerful. Here, in like manner, a ptyalism should be produced.

As a remedy, in hydrothorax, perpetual blisters, setons or issues, on some part of the chest, are found to be useful. We have seen the employment of them productive of good.

In ascites, bandaging the abdomen, with a flannel roller, and the limbs, in anasarca, is a remedy on which some degree of reliance may be placed.

We must not omit to mention three other articles, which are recommended, as diuretics, in the treatment of dropsy. These are, spirits of turpentine, tincture of cantharides, and a saturated tincture of tobacco.

Of the first of these remedies, the dose is five or six drops, to be repeated three or four times a day: the quantity to be increased as the stomach and bowels will bear it, and as circumstances may require. Of the second, the dose is, from ten to twenty drops, to be repeated two or three times a day;

ness. This swelling generally appears, first, upon the lower extremities: and there too only in the evening,

and, of the third, from sixty to one hundred and twenty drops, to be repeated in like manner, as the stomach will bear it. Of these remedies, we have no experimental knowledge, in this complaint.

We were, once, so fortunate, as to remove, an inveterate and most threatening case of dropsy (ascites and anasarca), in a patient, who had passed the sixty-second year of his age, by the use of water-melons. By the diuretic quality of this fruit, the water was evacuated, with unusual rapidity; and, by the subsequent exhibition of bark and chalybeates, the tone of the system completely restored. The individual lived three or four years, in good health; and then died of an acute disease. Perhaps the best, and most powerful form of chalybeates, in this complaint, is the *tinctura ferri muriati*.

In hydrothorax, anasarca and ascites, the practice is so much alike, that we do not think it requisite to particularize, in relation to either of them.

That dropsy is the result of a phlogistic diathesis, is a doctrine which has long been familiar to the physicians of the United States; who have seldom lost sight of it, in their treatment of that disease. For several years past, the same doctrine appears to have found advocates, both in Great Britain and France. Among these Dr. Blackall, of the Devon and Exeter hospitals, holds a distinguished rank. To that gentleman's "Observations on the Nature and Cure of Dropsies," we beg leave to refer the reader, for much curious and interesting, as well as useful matter, on the subject of these complaints.

HYDROCEPHALUS INTERNUS, although not included in Cullen's First Lines, is a disease, of too much importance to be passed unnoticed. We shall endeavour, therefore, to present our readers with a compressed and practical view of it, adopting, as our description of it, that which is contained in the writings of Dr. Quin.

"In general, the patient is at first languid and inactive, often drowsy and peevish, but at intervals cheerful, and apparently free from complaint. The appetite is weak, a nausea, and, in many cases, a vomiting, occurs once or twice in a day, and the skin is observed to be hot and dry, towards the evenings; soon after these symptoms have appeared, the patient is affected with a sharp head-ach, chiefly in the fore part, or, if not there, generally in the crown of the head: it is sometimes, however, confined to one side of the head, and, in that case, when the posture of the body is erect, the head often inclines to the side affected. We frequently find, also, that the head-ach alternates with the affection of the stomach; the vomiting being less troublesome when the pain is most violent, and vice versa; other parts of the body are likewise subject to temporary attacks of pain, viz. the extremities, or the bowels, but more constantly the back of the neck, and between the scapulae; in all such cases the head is more free from uneasiness.

"The patient dislikes the light at this period; cries much, sleeps little, and when he does sleep, he grinds his teeth, picks his nose, appears to be uneasy, and starts often, screaming as if he were terrified; the bowels are, in the majority of cases, very much confined, though it sometimes happens

disappearing again in the morning. It is usually more considerable as the person has been more in an erect

that they are in an opposite state: the pulse, in this early stage of the disorder, does not usually indicate any material derangement.

" When the symptoms above mentioned have continued for a few days, subject as they always are, in this disease, to great fluctuation, the axis of one eye is generally found to be turned in towards the nose; the pupil, on this side is rather more dilated than on the other; and when both have the axes directed inwards (which sometimes happens), both pupils are larger than they are observed to be in the eyes of healthy persons: the vomiting becomes more constant, and the head-ach more excruciating; every symptom of fever then makes its appearance, the pulse is frequent, and the breathing quick; exacerbations of the fever take place towards the evening, and the face is occasionally flushed; usually one cheek is much more affected than the other; temporary perspirations likewise break forth, which are not followed by any alleviation of distress; a discharge of blood from the nose, which sometimes appears about this period, is equally inefficacious.

" Delirium, and that of the most violent kind, particularly if the patient has arrived at the age of puberty, now takes place, and, with all the preceding symptoms of fever, continues for a while to increase, until about fourteen days, often a much shorter space of time, shall have elapsed since the appearance of the symptoms, which were first mentioned in the above detail.

" The disease then undergoes that remarkable change, which sometimes suddenly points out the commencement of what has been called its second stage: the pulse becomes slow, but unequal, both as to its strength, and the intervals between the pulsations; the pain of the head, or of whatever part had previously been affected, seems to abate, or at least the patient becomes apparently less sensible of it; the interrupted slumbers, or perpetual restlessness which prevailed during the earlier periods of the disorder, are now succeeded by an almost lethargic torpor, the strabismus, and dilatation of the pupil increase, the patient lies with one, or both eyes half closed, which, when minutely examined, are often found to be completely insensible to light; the vomiting ceases; whatever food or medicine is offered is usually swallowed with apparent voracity; the bowels, at this period, generally remain obstinately costive.

" If every effort made by art fails to excite the sinking powers of life, the symptoms of what has been called the second stage are soon succeeded by others, which more certainly announce the approach of death. The pulse again becomes equal, but so weak and quick, that it is almost impossible to count it; a difficulty of breathing, nearly resembling the stertor apoplecticus, is often observed; sometimes the eyes are suffused with blood, the flushing of the face is more frequent than before, but of shorter duration, and followed by a deadly paleness; red spots, or blotches, sometimes appear on the body and limbs; deglutition becomes difficult, and convulsions generally close the scene. In one case, I may observe, the jaws of a child of four years of age were so firmly locked, for more than a day before death, that it was impossible to introduce either food or medicine into his mouth; and, in

posture during the day; but there are many instances of the exercise of walking preventing altogether its

another case, a hæmiplegia, attended with some remarkable circumstances, occurred during the two days preceding dissolution.

“Having thus given as exact a history of apoplexia hydrocephalica as I could compile from the writings of others, and from my own observations, I should think myself guilty of imposition on my readers, if I did not caution them that it must be considered merely as a general outline: the human brain seems to be so extremely capricious (if the expression may be allowed) in the signals it gives to other parts of the system, of the injury it suffers throughout the course of this disease, that, although every symptom above mentioned does occasionally occur, and indeed few cases of the disease are to be met with, which do not exhibit many of them; yet it does not appear to me, that any one of them is constantly and inseparably connected with it.”

To the description by Dr. Quin, may be subjoined the following extracts, from a treatise on the same disease, by the late Dr. Rush.

“I have not found the dilated and insensible pupil, the puking, the delirium, or the strabismus, to attend universally in this disease.

“I saw one case in which the appetite was unimpaired from the first to the last stage of the disease.

“I have met with one case in which the disease was attended by blindness, and another by double vision.

“I have observed an uncommon acuteness in hearing to attend two cases of this disease. In one of them the noise of the sparks which were discharged from a hickory fire, produced great pain and startings, which threatened convulsions.

“I have seen three cases in which the disease terminated in hæmiplegia. In two of them it proved fatal in a few days; in a third it continued for nearly eighteen months.

“I have met with one case in which no preternatural slowness or intermission was ever perceived in the pulse.

“I have seen the disease in children of nearly all ages. I once saw it in a child of six weeks old. It was preceded by the cholera infantum.”

In its first stages, hydrocephalus internus is always an inflammatory, and, for the most part, an acute disease, accompanied by a topical determination. It belongs, therefore, of right, to the order phlegmasiæ.

The water, found in the ventricles of the brain, is an evidence of the fact, that dropsical effusion, is one of the modes, in which inflammation terminates.

The first and leading indication of cure is, to prevent effusion, by subduing the inflammation which threatens to produce it.

This is best effected, by venesection, and copious purging, repeated as often as circumstances may require; and by the application of leeches, cups, and blisters to the head. When the febrile symptoms have been sufficiently moderated, the application of blisters to the wrists and ankles, is a useful remedy. Throughout the treatment of the complaint, a strict adherence to the antiphlogistic plan should be inflexibly maintained.

otherwise usual coming on. Although this swelling appears at first only upon the feet and about the ankles;

When hydrocephalus internus assumes a chronic form, mercury, exhibited as an alterative, is the most promising remedy. Calomel may be given internally, and the blue ointment applied externally, in such quantities as circumstances may justify.

In some instances, the ointment has been successfully employed, to a very large amount.

We are authorized to state, that, in a late case of a daughter of a gentleman of this city, about six years old, eight pounds and three quarters were used, in the space of fifteen days. The ointment was as strong as it could be made; large quantities of it were rubbed on the lower extremities, every four hours; and the child was wrapt in flannels, completely besmeared with it. We have the pleasure to add, that the disease terminated favourably, and that the child is now in perfect health.

The quantity of the ointment, lately used in the case of a child, the son of a distinguished physician of Philadelphia, is not much inferior: it was applied, in the same way; and we are pleased in adding, that the termination of the complaint was equally fortunate.

In the treatment of chronic hydrocephalus, a constant discharge should be kept up from the head, by means of the repeated application of blisters. Open blisters, on the extremities, dressed with mercurial ointment, are also useful.

A doubt has been oftentimes expressed, whether recovery be practicable, after effusion into the ventricles of the brain has taken place. This doubt is founded on another, still more extraordinary, viz. whether the brain contain absorbents, by which the effused water may be removed.

On this latter point, not a shadow of doubt can rest. The absorbents are, *of necessity*, as universally diffused, throughout the body, as the blood-vessels themselves. Neither nutrition nor growth can be effected without them. Every part, therefore, that is nourished and grows, is supplied with absorbents. This position is supported by facts, that are tantamount to demonstration; a truth, which we could easily make appear, were the occasion a suitable one, to enter on the discussion.

We have no doubt that hydrocephalus internus admits of a cure, subsequently to effusion. We have, ourselves, we think, been witness to a case of the kind. The difficulty consists in the means of effecting it. The absorbents certainly exist, if they can only be excited to the proper degree of action.

All the symptoms of this disease, have been produced by worms, and other irritating substances, in the alimentary canal; and completely removed, by active purging.

When the heat of the head is great, and the action of the temporal arteries bounding and strong; the application of ice to the part is recommended; so, under similar circumstances, is the employment of digitalis, and sicciorum saturnum. But, from neither of these remedies, have we ever observed, that any material advantage has been derived.

yet if the causes producing it continue to act, it gradually extends upwards, occupying the legs, thighs, and trunk of the body, and sometimes even the head. Commonly the swelling of the lower extremities diminishes during the night: and in the morning, the swelling of the face is most considerable, which again generally disappears almost entirely in the course of the day.

1670. The terms of *Anasarca* and *Leucophlegmatia*, have been commonly considered as synonymous; but some authors have proposed to consider them as denoting distinct diseases. The authors who are of this last opinion employ the name of *Anasarca* for that disease which begins in the lower extremities, and is from thence gradually extended upwards in the manner I have just now described; while the term *Leucophlegmatia*, that in which the same kind of swelling appears even at first very generally over the whole body. They seem to think also, that the two diseases proceed from different causes; and that, while the anasarca may arise from the several causes in 1649—1660, the leucophlegmatia proceeds especially from a deficiency of red blood, as we have mentioned in 1661, *et seq.* I cannot, however, find any proper foundation for this distinction. For although in dropsies proceeding from the causes mentioned in 1661, *et seq.* the disease appears in some cases more immediately affecting the whole body; yet that does not establish a difference from the common case of anasarca: for the disease, in all its circumstances, comes at length to be entirely the same: and in cases occasioned by a deficiency of red blood, I have

Blood-letting, general and local purging, blistering, and the use of mercury, as already directed, constitute the only course, on which experience permits us to rely.

frequently observed it to come on exactly in the manner of an anasarca, as above described.

1671. An *anasarca* is evidently a preternatural collection of serous fluid in the cellular texture immediately under the skin. Sometimes pervading the skin itself, it oozes out through the pores of the cuticle; and sometimes, too gross to pass by these, it raises the cuticle in blisters. Sometimes the skin, not allowing the water to pervade it, is compressed and hardened, and, at the same time, so much distended, as to give anasarca tumours an unusual firmness. It is in these last circumstances also, that an erythematic inflammation is ready to come upon anasarca swellings.

1672. An *anasarca* may immediately arise from any of the several causes of dropsy which act more generally upon the system: and even when other species of dropsy, from particular circumstances, appear first; yet whenever these proceed from any causes more generally affecting the system, an *anasarca* sooner or later comes always to be joined with them.

1673. The manner in which this disease commonly first appears, will be readily explained by what I have said in 1651, respecting the effects of the posture of the body. Its gradual progress, and its affecting, after some time, not only the cellular texture under the skin, but probably also much of the same texture in the internal parts, will be understood partly from the communication that is readily made between the several parts of the cellular texture; but especially from the same general causes of the disease producing their effects in every part of the body. It appears to me, that the water of anasarca swellings is more readily communicated to the cavity of the thorax, and to the lungs, than to the cavity of the abdomen, or to the viscera contained in it.

1674. An *anasarca* is almost always attended with a

scarcity of urine; and the urine voided, is, from its scarcity, always of a high colour; and from the same cause, after cooling, readily lets fall a copious reddish sediment. This scarcity of urine may sometimes be owing to an obstruction of the kidneys; but probably is generally occasioned by the watery parts of the blood running off into the cellular texture, and being thereby prevented from passing in the usual quantity to the kidneys.

The disease is also generally attended with an unusual degree of thirst; a circumstance I would attribute to a like abstraction of fluid from the tongue and fauces, which are extremely sensible to every diminution of the fluid in these parts.

1675. The cure of anasarca is to be attempted upon three general indications.

1. The removing the remote causes of the disease.
2. The evacuation of the serous fluid already collected in the cellular texture.
3. The restoring the tone of the system, the loss of which may be considered in many cases as the proximate cause of the disease.

1676. The remote causes are very often such as had not only been applied, but had also been removed long before the disease came on. Although, therefore, their effects remain, the causes themselves cannot be the objects of practice; but if the causes still continue to be applied, such as intemperance, indolence, and some others, they must be removed. For the most part, the remote causes are certain diseases previous to the dropsy, which are to be cured by the remedies particularly adapted to them, and cannot be treated of here. The curing of these, indeed, may be often difficult; but it was proper to lay down the present indication, in order to show, that when these remote causes cannot

be removed, the cure of the dropsy must be difficult, or perhaps impossible. In many cases, therefore, the following indications will be to little purpose; and particularly, that often the execution of the second will not only give the patient a great deal of fruitless trouble, but commonly also hurry on his fate.

1677. The second indication for evacuating the collected serum, may be sometimes executed with advantage, and often, at least, with temporary relief. It may be performed in two ways. First, by drawing off the water directly from the dropsical part, by openings made into it for that purpose: or, secondly, by exciting certain serous excretions; in consequence of which, an absorption may be excited in the dropsical parts, and thereby the serum absorbed and carried into the blood-vessels may afterwards be directed to run out, or may spontaneously pass out, by one or other of the common excretions.

1678. In an anasarca, the openings into the dropsical part are commonly to be made in some part of the lower extremities; and will be most properly made by many small punctures reaching the cellular texture. Formerly, considerable incisions were employed for this purpose: but as any wound made in dropsical parts, which, in order to their healing, must necessarily inflame and suppurate, are liable to become gangrenous; so it is found to be much safer to make the openings by small punctures only, which may heal up by the first intention. At the same time, even with respect to these punctures, it is proper to observe that they should be made at some distance from one another, and that care should be taken to avoid making them in the most depending parts.

1679. The water of anasarcaous limbs may be sometimes drawn off by pea-issues, made by caustic a little

below the knees: for as the great swelling of the lower extremities is chiefly occasioned by the serous fluid exhaled into the upper parts constantly falling down to the lower; so the issues now mentioned, by evacuating the water from the upper parts, may very much relieve the whole of the disease. Unless, however, the issues be put in before the disease is far advanced, and before the parts have very much lost their tone, the places of the issues are ready to become affected with gangrene.

Some practical writers have advised the employment of setons, for the same purpose that I have proposed issues; but I apprehend, that setons will be more liable than issues to the accident just now mentioned.

1680. For the purpose of drawing out serum from anasarcaous limbs, blisters have been applied to them, and sometimes with great success; but the blistered parts are ready to have a gangrene come upon them. Blistering is therefore to be employed with great caution: and perhaps only in the circumstances that I have mentioned above to be fit for the employment of issues.

1681. Colewort-leaves, applied to the skin, readily occasion a watery exudation from its surface; and applied to the feet and legs affected with anasarca, have sometimes drawn off the water very copiously, and with great advantage.

Analogous, as I judge, to this, oiled silk hose put upon the feet and legs, so as to shut out all communication with the external air, have been found sometimes to draw a quantity of water from the pores of the skin, and are said in this way to have relieved anasarcaous swellings; but in several trials made, I have never found either the application of these hose, or that of the colewort-leaves, of much service.

1682. The second means proposed in 1677, for drawing off the water from dropsical places, may be the

employment of emetics, purgatives, diuretics, or sudorifics.

1683. As spontaneous vomiting has sometimes excited an absorption in hydroptic parts, and thereby drawn off the waters lodged in them, it is reasonable to suppose that vomiting excited by art may have the same effect; and accordingly it has been often practised with advantage. The practice, however, requires that the strong antimonial emetics be employed, and that they be repeated frequently after short intervals.

1684. Patients submit more readily to the use of purgatives, than to those of emetics; and indeed they commonly bear the former more easily than the latter. At the same time, there are no means we can employ to procure a copious evacuation of serous fluids with greater certainty than the operation of purgatives, and it is upon these accounts that purging is the evacuation which has been most frequently, and perhaps with most success, employed in dropsy. It has been generally found necessary to employ purgatives of the more drastic kind; which are commonly known, and need not to be enumerated here. I believe, indeed, that the more drastic purgatives are the most effectual for exciting absorption, as their stimulus is most readily communicated to the other parts of the system; but of late an opinion has prevailed, that some milder purgatives may be employed with advantage. This opinion has prevailed particularly with regard to the crystals vulgarly called the Cream of Tartar, which, in large doses, frequently repeated, have sometimes answered the purpose of exciting large evacuations both by stool and urine, and has thereby cured dropsies. This medicine, however, has frequently failed, both in its operation and effects, when the drastic purgatives have been more successful.

Practitioners have long ago observed, that in the employment of purgatives, it is requisite they be repeated after as short intervals as the patient can bear; probably for this reason, that when the purging is not carried to the degree of soon exciting an absorption, the evacuation weakens the system, and thereby increases the afflux of fluids to the hydropic parts.

1685. The kidneys afford a natural outlet for a great part of the watery fluids contained in the blood-vessels; and the increasing the excretion by the kidneys to a considerable degree, is a mean as likely as any other of exciting an absorption in dropsical parts. It is upon this account that diuretic medicines have been always properly employed in the cure of dropsy. The various diuretics that may be employed, are enumerated in every treatise of the *Materia Medica* and of the *Practice of Physic*, and therefore need not be repeated here. It happens, however, unluckily, that none of them are of very certain operation; neither is it well known why they sometimes succeed, and why they so often fail; nor why one medicine should prove of service when another does not. It has been generally the fault of writers upon the *Practice of Physic*, that they give us instances of cases in which certain medicines have proved very efficacious, but neglected to tell us in how many other instances the same have failed.

1686. It deserves to be particularly observed here, that there is hardly any diuretic more certainly powerful than a large quantity of common water taken in by drinking. I have indeed observed above, in 1659, that a large quantity of water, or of watery liquors, taken in by drinking, has sometimes proved a cause of dropsy; and practitioners have been formerly so much afraid that watery liquors, taken in by drinking, might run off into the dropsical places and increase the disease, that they

have generally enjoined the abstaining, as much as possible, from such liquors. Nay, it has been further asserted, that by avoiding this supply of exhalation, and by a total abstinence from drink, dropsies have been entirely cured. What conclusion is to be drawn from these facts, is however very doubtful. A dropsy arising from a large quantity of liquids taken into the body, has been a very rare occurrence; and there are, on the other hand, innumerable instances of very large quantities of water having been taken in and running off again very quickly by stool and urine, without producing any degree of dropsy. With respect to the total abstinence from drink, it is a practice of the most difficult execution; and therefore has been so seldom practised, that we cannot possibly know how far it might prove effectual. The practice of giving drink very sparingly, has indeed been often employed: but in a hundred instances I have seen it carried to a great length without any manifest advantage: while, on the contrary, the practice of giving drink very largely has been found not only safe, but very often effectual in curing the disease. The ingenious and learned Dr. Millman has, in my opinion, been commendably employed in restoring the practice of giving large quantities of watery liquors for the cure of dropsy. Not only from the instances he mentions from his own practice, and from that of several eminent physicians in other parts of Europe, but also from many instances in the records of physic, of the good effects of drinking large quantities of mineral waters in the cure of dropsy, I can have no doubt of the practice recommended by Dr. Millman being very often extremely proper. I apprehend it to be especially adapted to those cases in which the cure is chiefly attempted by diuretics. It is very probable that these medicines can hardly be carried in any quantity to the kidneys, without

being accompanied with a large portion of water; and the late frequent employment of the crystals of tartar has often shown, that the diuretic effects of that medicine are almost only remarkable when accompanied with a large quantity of water; and that without this, the diuretic effects of the medicine seldom appear.

I shall conclude this subject with observing, that as there are so many cases of dropsy absolutely incurable, the practice now under consideration may often fail, yet in most cases it may be safely tried; and if it appear that the water taken in passes readily by the urinary secretion, and especially that it increases the urine beyond the quantity of drink taken in, the practice may probably be continued with great advantage: but on the contrary, if the urine be not increased, or be not even in proportion to the drink taken in, it may be concluded that the water thrown in runs off by the exhalents, and will augment the disease.

1687. Another set of remedies which may be employed for exciting a serous excretion, and thereby curing dropsy, is that of sudorifics. Such remedies, indeed, have been sometimes employed: but however useful they have been thought, there are few accounts of their having effected a cure; and although I have had some examples of their success, in most instances of their trial they have been ineffectual.

Upon this subject it is proper to take notice of the several means that have been proposed and employed for dissipating the humidity of the body; and particularly that of heat externally applied to the surface of it. Of such applications I have had no experience; and their propriety and utility must rest upon the credit of the authors who relate them. I shall offer only this conjecture upon the subject: that if such measures have been truly useful, as it has seldom been by the drawing

out of any sensible humidity, it has probably been by their restoring the perspiration, which is so often greatly diminished in this disease; or, perhaps, by changing the state of the skin from the imbibing condition which is alleged to take place, into that of perspiring.

1688. When, by the several means now mentioned, we shall have succeeded in evacuating the water of dropsies, there will then especially be occasion for our third indication; which is, to restore the tone of the system, the loss of which is so often the cause of the disease. This indication, indeed, may properly have place from the very first appearance of the disease; and certain measures adapted to this purpose may, upon such first appearance, be employed with advantage. In many cases of a moderate disease, I am persuaded that they may obviate any future increase of it.

1689. Thus, upon what is commonly the first symptom of anasarca, that is, upon the appearance of what are called **Œdematous Swellings** of the feet and legs, the three remedies of bandaging, friction and exercise, have often been used with advantage.

1690. That some degree of external compression is suited to support the tone of the vessels, and particularly to prevent the effects of the weight of the blood in dilating those of the lower extremities, must be sufficiently evident; and the giving that compression by a bandage properly applied, has been often useful. In applying such a bandage, care is to be taken that the compression may never be greater on the upper than on the lower part of the limb; and this, I think, can hardly ever be so certainly avoided, as by employing a properly constructed laced stocking.

1691. Friction is another means by which the action of the blood-vessels may be promoted, and thereby the stagnation of fluids in their extremities prevented. Ac-

cordingly, the use of the flesh-brush has often contributed to discuss oedematous swellings. It appears to me that friction, for the purposes now mentioned, is more properly employed in the morning, when the swelling is very much gone off, than in the evening, when any considerable degree of it has already come on. I apprehend, also, that friction being made from below upwards only, is more useful than when made alternately upwards and downwards. It has been common, instead of employing the flesh-brush, to make friction by warm and dry flannels; and this may in some cases be the most convenient: but I cannot perceive that the impregnation of these flannels with certain dry fumes is of any benefit.

1692. With respect to exercise, I must observe, that although persons being much in an erect posture during the day, may seem to increase the swelling which comes on at night: yet as the action of the muscles has a great share in promoting the motion of the venous blood, so I am certain, that as much exercise in walking as the patient can easily bear, will often prevent that oedematous swelling, which much standing, and even sitting, would have brought on.

1693. These measures, however, although they may be useful at the coming on of a dropsy, whose causes are not very powerful, will be often insufficient in a more violent disease; and such therefore will require more powerful remedies. These are, exercise and tonic medicines; which may be employed both during the course of the disease, and especially after the water has been evacuated.

1694. Exercise is suited to assist in every function of the animal economy, particularly to promote perspiration, and thereby prevent the accumulation of watery fluids in the body. I apprehend also, that it may be the

most effectual means for preventing the skin from being in an imbibing state; and, as it has been hinted above on the subject of emaciation, (1608) I am persuaded, that a full and large perspiration will always be a means of exciting absorption in every part of the system. Exercise, therefore, promises to be highly useful in dropsy; and any mode of it may be employed that the patient can most conveniently admit of. It should, however, always be as much as he can easily bear: and in anasarca, the share which the exercise of muscles has in promoting the motion of the venous blood, induces me to think that bodily exercise, to whatever degree the patient can bear it, will always be the most useful. From some experience also, I am persuaded, that by exercise alone, employed early in the disease, many dropsies may be cured.

1695. Besides exercise, various tonic remedies are properly employed to restore the tone of the system. The chief of these are chalybeates, the Peruvian bark, and various bitters. These are not only suited to restore the tone of the system in general, but are particularly useful in strengthening the organs of digestion, which in dropsies are frequently very much weakened; and for the same purpose also aromatics may be frequently joined with the tonics.

1696. Cold bathing is upon many occasions the most powerful tonic we can employ; but at the beginning of dropsy, when the debility of the system is considerable, it can hardly be attempted with safety. After, however, the water of dropsies has been very fully evacuated, and the indication is to strengthen the system for preventing a relapse, cold bathing may perhaps have a place. It is, at the same time, to be admitted with caution; and can scarcely be employed till the system has otherwise recovered a good deal of vigour. When that indeed

has happened, cold bathing may be very useful in confirming and completing it.

1697. In persons recovering from dropsy, while the several means now mentioned for strengthening the system are employed, it will be proper at the same time to keep constantly in view the support of the watery excretions; and consequently the keeping up the perspiration by a great deal of exercise, and continuing the full flow of the urinary excretions by the frequent use of diuretics.

SECTION II.

OF THE HYDROTHORAX, OR DROPSY OF THE BREAST.

1698. THE preternatural collection of serous fluid in the thorax, to which we give the appellation of *Hydrothorax*, occurs more frequently than has been imagined. Its presence, however, is not always to be very certainly known; and it often takes place to a considerable degree before it be discovered.

1699. These collections of watery fluids in the thorax, are found in different situations. Very often the water is found at the same time in both sacs of the pleura, but frequently in one of them only. Sometimes it is found in the pericardium alone; but for the most part it only appears there when at the same time a collection is present in one or both cavities of the thorax. In some instances, the collection is found to be only in that cellular texture of the lungs, which surrounds the bronchiæ, without there being at the same time any effusion into the cavity of the thorax.

Pretty frequently the water collected consists chiefly of a great number of hydatides in different situations: sometimes seemingly floating in the cavity, but frequently connected with, and attached to, particular parts of the internal surface of the pleura.

1700. From the collection of water being thus in various situations and circumstances, symptoms arise which are different in different cases; and from thence it becomes often difficult to ascertain the presence and nature of the affection. I shall, however, endeavour here to point out the most common symptoms, and especially those of that principal and most frequent form of the disease, when the serous fluid is present in both sacs of the pleura, or, as we usually speak, in both cavities of the thorax.

1701. The disease frequently comes on with a sense of anxiety about the lower part of the sternum. This, before it has subsisted long, comes to be joined with some difficulty of breathing; which at first appears only upon the person's moving a little faster than usual, upon his walking up an acclivity, or upon his ascending a staircase; but after some time, this difficulty of breathing becomes more constant and considerable, especially during the night, when the body is in a horizontal situation. Commonly, at the same time, lying upon one side is more easy than upon the other, or perhaps lying upon the back more easy than upon either side. These circumstances are usually attended with a frequent cough, that is at first dry; but which, after some time, is accompanied with an expectoration of thin mucus.

With all these symptoms, the hydrothorax is not certainly discovered, as the same symptoms often attend other diseases of the breast. When, however, along with these symptoms there is at the same time an œdematosus swelling of the feet and legs, a leucophlegmatic

paleness of the face, and a scarcity of urine, the existence of a hydrothorax can be no longer doubtful. Some writers have told us, that sometimes in this disease, before the swelling of the feet comes on, a watery swelling of the scrotum appears; but I have never met with any instance of this.

1702. Whilst the presence of the disease is somewhat uncertain, there is a symptom which sometimes takes place, and has been thought to be a certain characteristic of it; and that is, when soon after the patient has fallen asleep, he is suddenly awaked with a sense of anxiety and difficult breathing, and with a violent palpitation of the heart. These feelings immediately require an erect posture; and very often the difficulty of breathing continues to require and to prevent sleep for a great part of the night. This symptom I have frequently found attending the disease; but I have also met with several instances in which this symptom did not appear. I must remark further, that I have not found this symptom attending the empyema, or any other disease of the thorax; and therefore, when it attends a difficulty of breathing, accompanied with any the smallest symptom of dropsy, I have had no doubt in concluding the presence of water in the chest, and have always had my judgment confirmed by the symptoms which afterwards appeared.

1703. The hydrothorax often occurs with very few, or almost none, of the symptoms above mentioned; and is not, therefore, very certainly discovered till some others appear. The most decisive symptom is a fluctuation of water in the chest, perceived by the patient himself, or by the physician, upon certain motions of the body. How far the method proposed by Auenbrugger will apply to ascertain the presence of water, and the

quantity of it in the chest, I have not had occasion or opportunity to observe.

It has been said, that in this disease some tumour appears upon the sides or upon the back, but I have not met with any instance of this. In one instance of the disease, I found one side of the thorax considerably enlarged, the ribs standing out farther on that side than upon the other.

A numbness and a degree of palsy in one or both arms, has been frequently observed to attend a hydrothorax.

Soon after this disease has made some progress, the pulse commonly becomes irregular, and frequently intermitting: but this happens in so many other diseases of the breast, that, unless when it is attended with some other of the above-mentioned symptoms, it cannot be considered as denoting the hydrothorax.

1704. This disease, as other dropsies, is commonly attended with thirst and a scarcity of urine, to be explained in the same manner as in the case of anasarca, (1674.) The hydrothorax, however, is sometimes without thirst, or any other febrile symptom; although I believe this happens in the case of partial affections only, or when a more general affection is yet but in a slight degree. In both cases, however, and more especially when the disease is considerably advanced, some degree of fever is generally present: and I apprehend it to be in such case, that the persons affected are more than usually sensible to cold, and complain of the coldness of the air when that is not perceived by other persons.

1705. The hydrothorax sometimes appears alone, without any other species of dropsy being present at the same time: and in this case the disease, for the most part, is a partial affection, as being either of one side of the thorax only, or being a collection of hyda-

tides in one part of the chest. The hydrothorax, however, is very often a part of more universal dropsy, and when at the same time there is water in all the three principal cavities and in the cellular texture of a great part of the body. I have met with several instances in which such universal dropsy began first by an effusion into the thorax. The hydrothorax, however, more frequently comes on from an anasarca gradually increasing; and, as I have said above, the general diathesis seems often to affect the thorax sooner than it does either the head or the abdomen.

1706. This disease seldom admits of a cure, or even of alleviation, from remedies. It commonly proceeds to give more and more difficulty of breathing, till the action of the lungs be entirely interrupted by the quantity of water effused; and the fatal event frequently happens more suddenly than was expected. In many of the instances of a fatal hydrothorax, I have remarked a spitting of blood to come on several days before the patient died.

1707. The cause of hydrothorax is often manifestly one or other of the general causes of dropsy pointed out above: but what it is that determines these general causes to act more especially in the thorax, and particularly what it is that produces the partial collections that occur there, I do not find to be easily ascertained.

1708. From what has been said above, it will be evident, that the cure of hydrothorax must be very much the same with that of anasarca; and when the former is joined with the latter as an effect of the same general diathesis, there can be no doubt of the method of cure being the same in both. Even when the hydrothorax is alone, and the disease partial, from particular causes acting in the thorax only, there can hardly be any other

measures employed, than the general ones proposed above. There is only one particular measure adapted to the hydrothorax; and that is, the drawing off the accumulated waters by a paracentesis of the thorax.

1709. To what cases this operation may be most properly adapted, I find it difficult to determine. That it may be executed with safety, there is no doubt; and that it has been sometimes practised with success, seems to be very well vouched. When the disease depends upon a general hydropic diathesis, it cannot alone prove a cure, but may give a temporary relief; and when other remedies seem to be employed with advantage, the drawing off the water may very much favour a complete cure. I have not, however, been so fortunate as to see it practised with any success; and even where it was most promising, that is, in cases of partial affection, my expectations have been disappointed from it.

SECTION III.

OF ASCITES, OR DROPSY OF THE LOWER BELLY.

1710. THE name of *Ascites* is given to every collection of waters causing a general swelling and distention of the lower belly; and such collections are more frequent than those which happen in the thorax.

1711. The collections in the lower belly, like those of the thorax, are found in different situations. Most commonly they are in the sac of the peritonæum, or general cavity of the abdomen: but they often begin by sacs formed upon, and connected with one or other of the viscera; and perhaps the most frequent instances of this kind occur in the ovaria of females.

Sometimes the water of ascites is found entirely without the peritonæum, and between this and the abdominal muscles.

1712. These collections connected with particular viscera, and those formed without the peritonæum, form that disease which authors have termed the *encysted dropsy*, or *hydrops saccatus*. Their precise seat, and even their existence, is very often difficult to be ascertained. They are generally formed by collections of hydatides.

1713. In the most ordinary case, that of abdominal dropsy, the swelling at first is in some measure over the whole belly, but generally appears most considerable in the epigastrium. As the disease, however, advances, the swelling becomes more uniform over the whole. The distention, and sense of weight, though considerable, vary a little, according as the posture of the body is changed; the weight being felt the most upon the side on which the patient lies, while at the same time on the opposite side the distention becomes somewhat less. In almost all the instances of ascites, the fluctuation of the water within, may be perceived by the practitioner's feeling, and sometimes by his hearing. This perception of fluctuation, does not certainly distinguish the different states of dropsy; but serves very well to distinguish dropsy from tympanites, from cases of physconia, and from the state of pregnancy in women.

1714. An ascites frequently occurs when no other species of dropsy does at the same time appear; but sometimes the ascites is a part only of universal dropsy. In this case, it usually comes on in consequence of an anasarca, gradually increasing; but its being joined with anasarca, does not always denote any general diathesis, as for the most part an ascites sooner or later occasions

œdematos swellings of the lower extremities. When the collection of water in the abdomen, from whatever cause, becomes considerable, it is always attended with a difficulty of breathing; but this symptom occurs often when, at the same time, there is no water in the thorax. The ascites is sometimes unaccompanied with any fever; but frequently there is more or less of fever present with it. The disease is never considerable, without being attended with thirst and a scarcity of urine.

1715. In the diagnosis of ascites, the greatest difficulty that occurs, is in discerning when the water is in the cavity of the abdomen, or when it is in the different states of encysted dropsy above mentioned. There is, perhaps, no certain means of ascertaining this in all cases; but in many we may attempt to form some judgment with regard to it.

When the antecedent circumstances give suspicion of a general hydropic diathesis; when at the same time some degree of dropsy appears in other parts of the body; and when, from its first appearance, the swelling has been equally over the whole belly, we may generally presume that the water is in the cavity of the abdomen. But when an ascites has not been preceded by any remarkably cachectic state of the system, and when at its beginning the tumour and tension had appeared in one part of the belly more than another, there is reason to suspect an encysted dropsy. Even when the tension and tumour of the belly have become general and uniform over the whole; yet if the system of the body in general appear to be little affected; if the patient's strength be little impaired; if the appetite continue pretty entire; and the natural sleep be little interrupted; if the menses in females continue to flow as usual; if there be yet no anasarca; or, though it may have already taken place, if it be still confined to the lower

extremities, and there be no leucophlegmatic paleness or sallow colour in the countenance; if there be no fever, nor so much thirst, or scarcity of urine, as occur in a more general affection; then, according as more of these different circumstances take place, there will be the stronger ground for supposing the ascites to be of the encysted kind.

The chief exception to be made from this as a general rule, will, in my opinion, be when the ascites may, with much probability, be presumed to have come on in consequence of a scirrhouſ liver; which, I apprehend, may occasion a collection of water in the cavity of the abdomen, while the general system of the body may not be otherwise much affected.

1716. With respect to the cure of ascites when of the encysted kind, it does not, so far as I know, admit of any. When the collection of water is in the abdominal cavity alone, without any other species of dropsy present at the same time, I apprehend the ascites will always be of difficult cure; for it may be presumed to depend upon a scirrhosity of the liver, or other considerable affection of the abdominal viscera, which I conceive to be of very difficult cure, and therefore the ascites depending upon them. At the same time, such cases may often admit of a temporary relief by the paracentesis.*

* Since the publication of the first edition of this work, we were so fortunate as to remove, by means of a blister, in the case of a lady of Philadelphia, a very large ascetic effusion, in a manner not altogether unworthy of a recital.

Owing to an indurated condition of the liver, the lady was dropsical the third time. On the two former occasions she had been tapped, and the quantity of fluid drawn off each time was about sixteen quarts. Judging from appearances, there was every reason to believe the third effusion equally copious.

Our patient was affected with such a degree of gastric irritability, that she rejected by vomiting every thing she swallowed.

To allay this, a blister was applied on the region of the stomach. The

1717. When the ascites is a part of universal dropsy, it may, as far as other cases of that kind can, admit of cure: and it will be obvious, that such a cure must be obtained by the same means as above proposed for the cure of general anasarca.

It frequently happens, that the ascites is attended with a diarrhœa; and, in that case, does not admit of the use of purgatives so freely as cases of anasarca commonly do. It is therefore often to be treated by diuretics almost alone.

The diuretics that may be employed are chiefly those above mentioned; but in ascites, a peculiar one has been found out. It is a long continued gentle friction of the skin over the whole of the abdomen, by the fin-

effect proving favourable, the blistered part was suffered to heal, which it did in a few days, without any unusual discharge.

On our next visit, the lady, who was not free from some peculiarities both of feeling and disposition, asked permission, as a favour, to apply another blistering plaster to the same part, that, to use her own language, she might "have something to amuse her."

The request was granted, and the plaster applied.

The part being exceedingly susceptible, the action was almost immediate.

The tender cuticle soon gave way, and the discharge became profuse, far beyond what we had ever witnessed. It penetrated, in a short time, through twenty-four folds of woollen, cotton, and linen cloths, several of which were blankets and counterpanes, through a mattress and the saeking-bottom of the bedstead, and was received into a vessel placed underneath.

Pressure, gentle and equable, was made on the abdomen, by a suitable bandage, until, in less than forty-eight hours, the hydropic effusion had entirely disappeared.

During this process, there was no increase in the evacuation from any of the natural emunctories of the body. Through the blistered part alone was the discharge effected. Thus, in two days and nights, were sixteen quarts of water evacuated by the secretory action of a blistered part, not exceeding in dimension four and a half or five inches square. As far as we know, the case is unique. The records of medicine offer no parallel.

In this singular cure, the *modus operandi* is perfectly obvious. The remedy acted with equal efficiency by *direct stimulation* and by *sympathy*. By the former, it excited the part of the cutis to which it was applied, to a preternatural secretion, and by the latter, it roused the absorbents of the abdomen to such an augmented action, as enabled them to take up, with an unexampled rapidity, the liquid effused.

gers dipped in oil. This has sometimes been useful in exciting an increased flow of urine; but in most of the trials of it which I have known made, it has failed in producing that effect.

1718. The ascites admits of a particular means for immediately drawing off the collected waters: and that is the well-known operation of the paracentesis of the abdomen. In what circumstances of ascites this operation can most properly be proposed, it is difficult to determine; but, so far as I can judge, it must be regulated by very much the same considerations as those above mentioned with regard to the paracentesis of the thorax.

The manner of performing the paracentesis of the abdomen, and the precautions to be taken with respect to it, are now so commonly known, and delivered in so many books, that it is altogether unnecessary for me to offer any directions upon that subject here; especially after the full and judicious information and directions given by Mr. BELL, in the second volume of his *System of Surgery*.

CHAPTER IV.

OF GENERAL SWELLINGS, ARISING, FROM AN INCREASED BULK OF THE WHOLE SUBSTANCE OF PARTICULAR PARTS.

1719. UPON the subjects of this chapter, several nosological difficulties occur, and particularly with respect to admitting the *Physconia* into the order of general swellings. At present, however, it is not necessary for me to discuss this point, as I am here to omit en-

tirely the consideration of Physconia; both because it can seldom admit of any successful practice, and because I cannot deliver any thing useful either with regard to the pathology or practice in such a disease.

1720. The only other genus of disease comprehended under the title of the present chapter, is the Rachitis; and this being both a proper example of the class of *Cachexy*, and of the order of *Intumescentiae* or General Swellings, I shall offer some observations with regard to it.

OF RACHITIS, OR RICKETS.*

1721. THIS disease has been supposed to have appeared only in modern times, and not above two hundred years ago. This opinion, notwithstanding it has been maintained by persons of the most respectable authority, appears to me, from many considerations, improbable; but it is a point of too little consequence to detain my readers here. The only application of it which deserves any notice is, that it has led to a notion

* Fortunately for the people of the United States, rickets is much of a stranger in this country. Our experience in it, is, therefore, very limited.

We have seen enough of it, however, to be persuaded, that it consists in a diseased, and inefficient state of the organs of digestion, assimilation, and nutrition. It commences, no doubt, in the stomach, and is thence communicated, by sympathy, to the bowels, the lacteals, the mesenteric glands, and, ultimately, to the whole system.

The practice in it, as far as practice may avail, is plain and simple. It consists, in a purely tonic and corroborative course—in the pursuit of such a regimen, and the administration of such remedies, as are calculated to increase the powers, and invigorate the action of the various organs, that are tributary to nutrition. But this scheme of practice has been so often unfolded, in the present work, that a detailed view of it, here, would be altogether superfluous.

Those who wish to be further informed, respecting this disease, may consult Nooth de Rachitide—Moore de Rachitide—Veirac and Portal.

of the disease having arisen from the *lues venerea*, which had certainly made its first appearance in Europe not very long before the date commonly assigned for the appearance of rachitis: but I shall hereafter show, that the supposed connexion between the *Syphilis* and *Rachitis* is without foundation.

1722. In delivering the history of the *Rickets*, I must, in the first place, observe that, with respect to the antecedents of the disease, every thing to be found in authors upon this subject, appears to me to rest upon a very uncertain foundation. In particular, with respect to the state of the parents whose offspring become affected with this disease, I have met with many instances of it, in children from seemingly healthy parents, and have met likewise with many instances of children who never became affected with it, although born of parents who, according to the common accounts, should have produced a rickety offspring: so that, even making allowance for the uncertainty of fathers, I do not find the general opinion of authors upon this subject to be properly supported.

1723. The disease, however, may be justly considered as proceeding from parents; for it often appears in a great number of the same family: and my observation leads me to judge, that it originates more frequently from mothers than from fathers. So far as I can refer the disease of the children to the state of the parents, it has appeared to me most commonly to arise from some weakness, and pretty frequently from a scrophulous habit in the mother. To conclude the subject, I must remark that in many cases I have not been able to discern the condition of the parents, to which I could refer it.

When nurses, other than the mothers, have been employed to suckle children, it has been supposed that

such nurses have frequently given occasion to the disease, and when nurses have both produced and have suckled children who became rickety, there may be ground to suspect their having occasioned the disease in the children of other persons: but I have had few opportunities of ascertaining this matter. It has in some measure appeared to me, that those nurses are most likely to produce this disease, who give infants a large quantity of very watery milk, and who continue to suckle them longer than the usual time. Upon the whole, however, I am of opinion, that hired nurses seldom occasion this disease, unless when a predisposition to it has proceeded from the parents.

1724. With regard to the other antecedents, which have been usually enumerated by authors as the remote causes of this disease, I judge the accounts given to be extremely fallacious; and I am very much persuaded, that the circumstances in the rearing of children, have less effect in producing rickets than has been imagined. It is indeed not unlikely, that some of these circumstances mentioned as remote causes may favour, while other circumstances may resist, the coming on of the disease; but at the same time, I doubt if any of the former would produce it were there was no predisposition in the child's original constitution. This opinion of the remote causes, I have formed from observing that the disease comes on when none of these had been applied, and more frequently that many of them had been applied without occasioning the disease. Thus the learned ZEVIANI alleges, that the disease is produced by an acid from the milk with which a child is fed for the first nine months of its life: but almost all children are fed with the same food, and in which also an acid is always produced; while, at the same time, not one in a thousand of the infants so fed becomes affected with the

rickets. If, therefore, in the infants who become affected with this disease, a peculiarly noxious acid is produced, we must seek for some peculiar cause of its production, either in the quality of the milk, or in the constitution of the child, neither of which, however, Mr. Zeviani has explained. I cannot indeed believe that the ordinary acid of milk has any share in producing this disease, because I have known many instances of the acid being produced and occasioning various disorders, without, however, its ever producing rickets.

Another of the remote causes commonly assigned is the child's being fed with unfermented farinaceous food. But over the whole world, children are fed with such farinacea while the disease of rickets is of rare occurrence: and I have known many instances where children have been fed with a greater than usual proportion of fermented farinacea, and also a greater proportion of animal food, without these preventing the disease. In my apprehension, the like observations might be made with respect to most of the circumstances that have been mentioned as the remote causes of rickets.

1725. Having thus offered my opinion concerning the supposed antecedents of this disease, I proceed now to mention the phenomena occurring after it has actually come on.

The disease seldom appears before the ninth month, and seldom begins after the second year of a child's age. In the interval between these periods, the appearance of the disease is sometimes sooner, sometimes later; and commonly at first the disease comes on slowly. The first appearances are, a flaccidity of the flesh, the body at the same time becoming leaner, though food be taken in pretty largely. The head appears large with respect to the body; with the fontanelle, and perhaps the sutures, more open than usual in children of the same

age. The head continues to grow larger; in particular the forehead becoming unusually prominent; and at the same time the neck continues slender, or seems to be more so, in proportion to the head. The dentition is slow, or much later than usual; and those teeth which come out, readily become black, and frequently again fall out. The ribs lose their convexity, and become flattened on the side; while the sternum is pushed outward, and forms a sort of ridge. At the same time, or perhaps sooner, the epiphyses at the several joints of the limbs become swelled; while the limbs between the joints appear, or perhaps actually become, more slender. The bones seem to be every where flexible, becoming variously distorted; and particularly the spine of the back becoming incurvated in different parts of its length. If the child, at the same time the disease comes on, had acquired the power of walking, it becomes daily more feeble in its motions, and more averse to the exertion of them, losing at length the power of walking altogether. Whilst these symptoms go on increasing, the abdomen is always full, and preternaturally tumid. The appetite is often good, but the stools are generally frequent and loose. Sometimes the faculties of the mind are impaired, and stupidity or fatuity prevails; but commonly a premature sensibility appears, and they acquire the faculty of speech sooner than usual. At the first coming on of the disease, there is generally no fever attending it: but it seldom continues long, till a frequent pulse, and other febrile symptoms, come to be constantly present. With these symptoms the disease proceeds, and continues in some instances for some years; but very often in the course of that time, the disease ceases to advance, and the health is entirely established, except that the distorted limbs, produced during the disease, continue for the rest of life. In other cases,

however, the disease proceeds increasing, till it has affected almost every function of the animal economy, and at length terminates in death. The variety of symptoms which in such cases appear, it does not seem necessary to enumerate, as they are not essential to the constitution of the disease, but are merely consequences of the more violent conditions of it. In the bodies of those who have died, various morbid affections have been discovered in the internal parts. Most of the viscera of the abdomen have been found to be preternaturally enlarged. The lungs have also been found in a morbid state, and seemingly from some inflammation that had come on towards the end of the disease. The brain has been commonly found in a flaccid state, with effusions of a serous fluid into its cavities. Very universally the bones have been found very soft, and so much softened as to be readily cut by a knife. The fluids have been always found in a dissolved state, and the muscular parts very soft and tender; and the whole of the dead body without any degree of that rigidity which is so common in almost all others.

1726. From these circumstances of the disease, it seems to consist in a deficiency of that matter which should form the solid parts of the body. This especially appears in the faulty state of ossification, seemingly depending upon the deficiency of that matter which should be deposited in the membranes which are destined to become bony, and should give them their due firmness and bony hardness. It appears that this matter is not supplied in due quantity; but that, in place of it, a matter fitted to increase their bulk, particularly in the epiphyses, is applied too largely. What this deficiency of matter depends upon, is difficult to be ascertained. It may be a fault in the organs of digestion and assimilation, which prevents the fluids in general from being

properly prepared: or it may be a fault in the organs of nutrition, which prevents the secretion of a proper matter to be applied. With respect to the latter, in what it may consist, I am entirely ignorant, and cannot even discern that such a condition exists: but the former cause, both in its nature and existence, is more readily perceived; and it is probable that it has a considerable influence in the matter; as in rachitic persons a thinner state of the blood, both during life and after death, so commonly appears. It is this state of the fluids, or a deficiency of bony matter in them, that I consider as the proximate cause of the disease; and which again may in some measure depend upon a general laxity and debility of the moving fibres of the organs that perform the functions of digestion and assimilation.

1727. There is, however, something still wanting to explain, why these circumstances discover themselves at a particular time of life, and hardly ever either before or after a certain period; and as to this I would offer the following conjectures. Nature having intended that human life should proceed in a certain manner, and that certain functions should be exercised at a certain period of life only: so it has generally provided, that at that period, and not sooner, the body should be fitted for the exercise of the functions suited to it. To apply this to our present subject, Nature seems to have intended that children should walk only at twelve months old; and accordingly has provided that against that age, and no sooner, a matter should be prepared fit to give that firmness to the bones which is necessary to prevent their bending too easily under the weight of the body. Nature, however, is not always steady and exact in executing her own purposes; and if therefore the preparation of bony matter shall not have been made against the time there is a particular occasion for it, the disease

of rickets, that is, of soft and flexible bones, must come on; and will discover itself about the particular period we have mentioned. Further, it will be equally probable, that if, at the period mentioned, the bones shall have acquired their due firmness, and that nature goes on in preparing and supplying the proper bony matter, it may be presumed, that against the time a child is two years old, such a quantity of bony matter will be applied, as to prevent the bones from becoming again soft and flexible during the rest of life; unless it happen, as indeed it sometimes does, that certain causes occur to wash out again the bony matter from the membranes in which it had been deposited. The account I have now given of the period at which the rickets occur, seems to confirm the opinion of its proximate cause being a deficiency of bony matter in the fluids of the body.

1728. It has been frequently supposed, that a syphilitic taint has a share in producing rickets; but such a supposition is altogether improbable. If our opinion of the rickets having existed in Europe before the syphilis was brought into it, be well founded, it will then be certain that the disease may be occasioned without any syphilitic acrimony having a share in its production. But further, when a syphilitic acrimony is transmitted from the parent to the offspring, the symptoms do not appear at a particular time of life only, and commonly more early than the period of rickets; the symptoms are also very different from those of rickets, and unaccompanied with any appearance of the latter; and, lastly, the symptoms of syphilis are cured by means which, in the case of rickets, have either no effect, or a bad one. It may indeed possibly happen, that syphilis and rickets may appear in the same person; but it is to be considered as an accidental complication: and the very few instances of it that have occurred, are by no

means sufficient to establish any necessary connection between the two diseases.

1729. With respect to the deficiency of bony matter, which I consider as the proximate cause of rickets, some further conjectures might be offered concerning its remote causes; but none of them appear to me very satisfying; and whatever they might be, it appears to me they must again be resolved into the supposition of a general laxity and debility of the system.

1730. It is upon this supposition almost alone that the cure of rickets has entirely proceeded. The remedies have been such especially as were suited to improve the tone of the system in general, or of the stomach in particular: and we know that the latter are not only suited to improve the tone of the stomach itself, but by that means to improve also the tone of the whole system.

1731. Of tonic remedies, one of the most promising seems to have been cold bathing; and I have found it the most powerful in preventing the disease. For a long time past, it has been the practice in this country, with people of all ranks, to wash their children from the time of their birth with cold water; and from the time that children are a month old, it has been the practice with people of better rank to have them dipped entirely in cold water every morning: and wherever this practice has been pursued, I have not met with any instance of rickets. Amongst our common people, although they wash their children with cold water only, yet they do not so commonly practise immersion: and when amongst these I meet with instances of rickets, I prescribe cold bathing; which accordingly has often checked the progress of the disease, and sometimes seems to have cured it entirely.

1732. The remedy of *Ens Veneris*, recommended by

Mr. Boyle, and since his time very universally employed, is to be considered as entirely a tonic remedy. That or some other preparation of iron I have almost constantly employed, though not indeed always with success. I have been persuaded, that the *ens veneris* of Mr. Boyle, notwithstanding his giving it this appellation, was truly a preparation of iron, and no other than what we now name the *Flores Martiales*: but it appears, that both Benevoli and Buchner have employed a preparation of copper; and I am ready to believe it to be a more powerful tonic than the preparations of iron.

1733. Upon the supposition of tonic remedies being proper in this disease, I have endeavoured to employ the Peruvian bark: but from the difficulty of administering it to infants in any useful quantity, I have not been able to discover its efficacy; but I am very ready to believe the testimony of De Haen upon this subject.

1734. Exercise, which is one of the most powerful tonics, has been properly recommended for the cure of rickets; and as the exercise of gestation only can be employed, it should always be, with the child laid in a horizontal situation; as the carrying them, or moving them in any degree of an erect posture, is very apt to occasion some distortion. It is extremely probable, that, in this disease, friction with dry flannels may be found an useful remedy.

1735. It is also sufficiently probable, that the avoiding of moisture is not only advisable, but may likewise be of service in the cure of this disease.

There is no doubt that a certain diet may contribute to the same end; but what may be the most eligible, I dare not determine. I have no doubt that leavened bread may be more proper than unfermented farinacea;

but I cannot find any reason to believe that strong beer can ever be a proper remedy.

Practitioners have been divided in opinion concerning the use of milk in this disease. Zeviani, perhaps from theory, condemns the use of it; but Benevoli employed it without its impeding the cure of the disease. This last I have often remarked in the course of my own practice. As it is difficult to feed children entirely without milk; so I have commonly admitted it as a part of the diet of rickety children; and in many instances I can affirm, that it did not prevent the cure of the disease. In cases, however, of any appearance of rickets, and particularly of a slow dentition, I have dissuaded the continuance of a child upon the breast; because the milk of women is a more watery nourishment than that of cows: and I have especially dissuaded the continuing a child upon the breast, when I thought the nurse gave rather too much of such a watery nourishment; for, as has been above mentioned, I have had frequent occasion to suspect, that the milk of such nurses has a tendency to favour the coming on of the rickets.

1736. Besides the remedies and regimen now mentioned, practitioners have commonly employed in this disease, both emetics and purgatives. When the appetite and digestion are considerably impaired, vomiting, if neither violent nor frequently repeated, seems to be of service; and by a moderate agitation of the abdominal viscera, may in some measure obviate the stagnation and consequent swelling that usually occur in them.

As the tumid state of the abdomen, so constantly to be met with in this disease, seems to depend very much upon a tympanitic affection of the intestines; so, both by obviating this, and by deriving from the abdominal vis-

ceria, frequent gentle purgatives may be of service. Zeviani, perhaps properly, recommends in particular rhubarb; which, besides its purgative quality, has those also of bitter and astringent.*

1737. I have now mentioned most of the remedies commonly employed by the practitioners of former times: but I must not omit mentioning some others that have been lately suggested. The late Mr. De Haen recommends the testacea; and assures us of their having been employed with success: but in the few trials which I have had occasion to make, their good effects did not appear.

The late baron Van Swieten gives us one instance of rickets cured by the use of hemlock: but I do not know that the practice has been repeated.†

* We are told that, of late, frequent and very active purging has been resorted to in the treatment of rachitis, with the happiest effects. Although we have seen no treatise recommendatory of such a practice, we are not unprepared to believe in its efficacy.

We have long considered rickets as having its *primary* seat in some portion of the alimentary canal; and there are but few, if any diseases of that description, in which purging is not useful.

Professing to have no experience in this mode of practice in the disease under consideration, we speak of it only as a matter of opinion. Should the hint here given induce practitioners of judgment to make the experiment, benefit may result from it to the sick and to our profession.

† The testacea can, at best, serve only as a palliative in this disease, in cases where the stomach is troubled with acidity. The idea of such a remedy has been suggested by one of the many adulterations which chemistry has unfortunately introduced into medicine.

A considerable amount of calcareous earth enters into the composition of human bones. In rachitis, that article not being prepared from the blood in sufficient quantity, the bones lose their firmness, and become as flexible as cartilage. In some instances they become membranous.

Hence *chemical physiologists*—a name synonymous with that of *no physiologists at all*—pronounce the cause of rickets to be nothing else than a deficiency of calcareous matter in the blood. To remedy this, they direct the administration of calcareous earth in various forms, that from the stomach it may pass *formally* into the blood, and thence into the bones.

An error more gross and shameful than this, does not disgrace the annals of medicine. A belief in the existence of an elixir *vitæ* scarcely surpasses it.

A deficiency in the preparation of phosphate of lime is but an *effect* of

BOOK III.

OF THE IMPETIGINES; OR DEPRAVED HABIT,
WITH AFFECTIONS OF THE SKIN.

1738. I FIND it difficult to give any sufficiently correct and proper character of this order. The diseases

rickets—as much and as evidently so, as a deficiency in the formation of urine or perspiration is an effect of bilious or inflammatory fever. The real cause and seat of the disease are to be sought for in a deep derangement of the digestive and assimilatory organs. And this state of things no preparation of lime can remedy.

As to the blood, it is really one of the last parts of the body to suffer from disease, notwithstanding the disposition of physicians to consider it as among the foremost. In rickets it is not very perceptibly deteriorated. In all the materials of secretion and nutrition it is sufficiently rich. It does not refuse to supply phosphate of lime for the nourishment of the bones, *because it does not formally contain it*, (for no blood *thus* contains it,) but because the vessels destined to secrete that article from it, are deficient in their duty. Restore them to healthy action, and the bones will receive their requisite nourishment, even though the blood continue the same.

As pretended evidence, that preparations of lime must be thrown formally into the blood, before they can, by secretion, be formed out of it, chemists tell us, that unless the females of our domestic fowls eat calcareous earth, they produce eggs *without shells*.

This is a mistake which ought to astonish us, and into which no American of common observation should suffer himself to fall.

In the states of Georgia, South Carolina, North Carolina, Virginia, and Maryland, there is scarcely to be found within forty leagues of the sea coast, a single ton of calcareous earth—*in many places, not a particle*. The sand, gravel, and pebbles, are altogether *silecious*.

Yet have the eggs of fowls in that tract of country as firm shells, as they in regions where every thing is calcareous.

Those persons who allege that the feathered race swallow gravel to aid in the formation of egg-shells, are lamentably ignorant of the science of ornithology. We seriously advise them to inform themselves better.

In manufacture of a further argument in support of their hypothesis on this topic, chemists tell us, that in the milk of females *soon after parturition*, there exists a greater abundance of phosphate or carbonate of lime, than at a later period. This, say they, is a most wise and beneficent arrangement of nature, in as much as the bones of new-born infants, being exceedingly soft, require, for their nourishment and hardening, a superabundant amount of calcareous matter.

comprehended under it depend, for the most part, upon a depraved state of the whole of the fluids, producing tumours, eruptions, or other preternatural affections of the skin. Although it be extremely difficult to find a general character of the order that will apply to each of the genera and species, I shall treat of the principal genera which have been commonly comprehended under this order, and which I have enumerated in my Nosology.

CHAPTER I.

OF SCROPHULA, OR THE KING'S EVIL.

1739. THE character of this disease I have attempted in my Nosology; but it will be more properly taken from the whole of its history, now to be delivered.

Here again we find ample evidence of an entire want of knowledge and reflection.

Many infants are surrendered, immediately after birth, into the hands of nurses whose milk is six, eight, or even ten months old. Yet they remain in health, grow with rapidity, and acquire, in the usual time, the usual firmness of bone and muscle. This, however, could not be the case, were milk superabounding in calcareous earth requisite for their nourishment.

Our antagonists should, moreover, recollect, that all young animals, whose bones are soft, do not feed on milk. None feed thus, except the young of the *mammiferous family*.

The eaglet, the young vulture, the crow, and indeed the young of the whole feathered tribe, live on the same kind of food with their parents. Their daily fare contains no superabundance of calcareous matter. Yet rachitis is a disease which does not trouble them. A rickety eaglet has never, perhaps, been seen, by the most experienced ornithologists. Nor has a rickety bird of any other description. Their bones grow hard on the common food of their kind.

In fact the whole doctrine of the necessity of feeding old fowls with lime to form egg-shells, and young animals with the same article, to form bones, is futile and ridiculous.

1740. It is commonly, and very generally, a hereditary disease; and although it sometimes may, yet it rarely appears, but in children whose parents had at some period of their lives been affected with it. Whether it may not fail to appear in the children of scrophulous parents, and discover itself afterwards in their offspring in the succeeding generation, I cannot certainly determine; but believe that this has frequently happened. It appears to me to be derived more commonly from fathers than from mothers; but whether this happens from there being more scrophulous men than scrophulous women married, I am not certain.

With respect to the influence of parents in producing this disease, it deserves to be remarked, that in a family of many children, when one of the parents has been affected with scrophula, and the other not; as it is usual for some of the children to be in constitution pretty exactly like the one parent, and others of them like the other; it commonly happens, that those children who most resemble the scrophulous parent become affected with scrophula, while those resembling the other parent entirely escape.*

1741. The scrophula generally appears at a particular period of life. It seldom appears in the first, or even in the second year of a child's life, and most commonly it occurs from the second, or, as some allege, and perhaps more properly, from the third to the seventh year. Frequently, however, it discovers itself at a later period; and there are instances of its first appearance, at every period till the age of puberty; after which, however, the first appearance of it is very rare.

* What is here said of scrophula, is true of all hereditary complaints. They are communicated, with most certainty, to those children that most resemble the diseased parent. Scrophula, although hereditary, is not contagious. Dr. Kortum made various efforts to communicate it, by inoculation, without success.

1742. When it does not occur very early, we can generally distinguish the habit of body peculiarly disposed to it. It most commonly affects children of soft and flaccid habits, of fair hair and blue eyes; or at least affects those much more frequently than those of an opposite complexion. It affects especially children of smooth skins and rosy cheeks; and such children have frequently a tumid upper lip, with a chop in the middle of it; and this tumour is often considerable, and extended to the columna nasi and lower part of the nostrils. The disease is sometimes joined with, or follows rickets; and although it frequently appears in children who have not had rickets in any great degree, yet it often attacks those who by a protuberant forehead, by tumid joints, and a tumid abdomen, show that they had some rachitic disposition. In parents who, without having had the disease themselves, seem to produce scrophulous children, we can commonly perceive much of the same habit and constitution that has just now been described.

Some authors have supposed that the small-pox has a tendency to produce this disease; and Mr. De Haen asserts its following the inoculated, more frequently than the natural, small-pox. This last position, however, we can confidently affirm to be a mistake; although it must be allowed, that in fact the scrophula does often come on immediately after the small-pox. It is, however, difficult to find any connection between the two diseases. According to my observation, the accident only happens in children who have pretty manifestly the scrophulous disposition; and I have had several instances of the natural small-pox coming upon children affected at the same time with scrophula, not only without this disease being any ways aggravated by the small-pox, but even of its being for some time after much relieved.

1743. The scrophula generally shows itself first at

a particular season of the year; and at some time between the winter and summer solstice; but commonly long before the latter period. It is to be observed further, that the course of the disease is usually connected with the course of the seasons. Whilst the tumours and ulcerations peculiar to this disease, appear first in the spring, the ulcers are frequently healed up in the course of the succeeding summer, and do not break out again till the ensuing spring, to follow again with the season the same course as before.

1744. Frequently the first appearance of the disease is the tumid and chopped lip above mentioned. Upon other occasions the first appearance is that of small spherical or oval tumours, moveable under the skin. They are soft, but with some elasticity. They are without pain; and without any change in the colour of the skin. In this state they often continue for a long time; even for a year or two, and sometimes longer. Most commonly they first appear upon the sides of the neck below the ears; but sometimes also under the chin. In either case, they are supposed to affect in these places the conglobate or lymphatic glands only; and not at all the salivary glands, till the disease is very greatly advanced. The disease frequently affects, and even at first appears in, other parts of the body. In particular, it affects the joints of the elbows and ankles, or those of the fingers and toes. The appearances about the joints are not commonly, as elsewhere, small moveable swellings; but a tumour almost uniformly surrounding the joint, and interrupting its motion.

1745. These tumours, as I have said, remain for some time little changed; and, from the time they first appeared in the spring, they often continue in this way till the return of the same season in the next, or perhaps the second year after. About that time, however,

or perhaps in the course of the season in which they first appear, the tumour becomes larger and more fixed; the skin upon it acquires a purple, seldom a clear redness: but growing redder by degrees, the tumour becomes softer, and allows the fluctuation of a liquid within to be perceived. All this process, however, takes place with very little pain attending it. At length some part of the skin becomes paler; and by one or more small apertures a liquid is poured out.

1746. The matter poured out has at first the appearance of pus, but it is usually of a thinner kind than that from phlegmonic abscesses, and the matter as it continues to be discharged, becomes daily less purulent, and appears more and more a viscid serum, intermixed with small pieces of a white substance resembling the curd of milk. By degrees the tumour almost entirely subsides, while the ulcer opens more, and spreads broader: unequally, however, in different directions, and therefore, is without any regular circumscription. The edges of the ulcer are commonly flat and smooth, both on their outside and their inner edge, which seldom puts on a callous appearance. The ulcers, however, do not generally spread much, or become deeper; but at the same time their edges do not advance, or put on any appearance of forming a cicatrix.

1747. In this condition the ulcers often continue for a long time; while new tumours, with ulcers succeeding them in the manner above described, make their appearance in different parts of the body. Of the first ulcers, however, some heal up, while other tumours and ulcers appear in their vicinity, or in other parts of the body: and in this manner the disease proceeds, some of the ulcers healing up, at least to a certain degree, in the course of the summer, and breaking out in the succeeding spring: or it continues, by new tumours and

ulcers succeeding them, in the spring season, making their appearance successively for several years.

1748. In this way the disease goes on for several years; but very commonly in four or five years it is spontaneously cured, the former ulcers being healed up, and no new tumours appearing: and thus at length the disease ceases entirely, leaving only some indelible eschars, pale and smooth, but in some parts shrivelled; or, where it had occupied the joints, leaving the motion of these impaired, or entirely destroyed.

1749. Such is the most favourable course of this disease; and with us, it is more frequently such, than otherwisc: but it is often a more violent, and sometimes a fatal malady. In these cases, more parts of the body are at the same time affected; the ulcers also seeming to be imbued with a peculiarly sharp acrimony, and therefore becoming more deep, eroding, spreading, as well as seldomer healing up. In such cases, the eyes are often particularly affected. The edges of the eyelids are affected with tumour and superficial ulcerations; and these commonly excite obstinate inflammation in the adnata, which frequently produces an opacity of the cornea.

When the scrophula especially affects the joints, it sometimes produces there considerable tumours; in the abscesses following which, the ligaments and cartilages are eroded, and the adjoining bones are affected with a caries of a peculiar kind. In these cases, also, of more violent scrophula, while every year produces a number of new tumours and ulcers, their acrimony seems at length to taint the whole fluids of the body, occasioning various disorders; and particularly a hectic fever, with all its symptoms, which at length proves fatal, with sometimes the symptoms of a phthisis pulmonalis.

1750. The bodies of persons who have died of this
VOL. II.

disease show many of the viscera in a very morbid state; and particularly most of the glands of the mesentery very much tumefied, and frequently in an ulcerated state. Commonly also a great number of tubercles or cysts, containing matter of various kinds, appear in the lungs.

1751. Such is the history of the disease; and from thence it may appear, that the nature of it is not easily to be ascertained. It seems to be a peculiar affection of the lymphatic system; and this in some measure accounts for its connexion with a particular period of life. Probably, however, there is a peculiar acrimony of the fluids that is the proximate cause of the disease; although of what nature this is, has not yet been discovered. It may perhaps be generally diffused in the system, and exhaled into the several cavities and cellular texture of the body; and therefore, being taken up by the absorbents, may discover itself especially in the lymphatic system. This, however, will hardly account for its being more confined to that system, than happens in the case of many other acrimonies which may be supposed to be as generally diffused. In short, its appearance in particular constitutions, end at a particular period of life, and even its being a hereditary disease, which so frequently depends upon the transmission of a peculiar constitution, are all of them circumstances which lead me to conclude upon the whole, that this disease depends upon a *peculiar constitution of the lymphatic system.*

1752. It seems proper to observe here, that the scrophula does not appear to be a contagious disease; at least I have known many instances of sound children having had frequent and close intercourse with scrophulous children, without being infected with the disease. This certainly shows, that in this disease the pe-

culiar acrimony of it is not exhaled from the surface of the body, but that it depends especially upon a peculiar constitution of the system.

1753. Several authors have supposed the scrophula to have been derived from the venereal disease; but upon no just grounds that I can perceive. In very many instances, there can hardly be any suspicion of the parents producing this disease having been imbued with syphilis, or with any syphilitic taint; and I have known several examples of parents conveying syphilis to their offspring, in whom, however, no scrophulous symptoms at any time afterwards appeared. Further, the symptoms of the two diseases are very different; and the difference of their natures appears particularly from hence, that while mercury commonly and readily cures the syphilis, it does no service in scrophula, and very often rather aggravates the disease.

1754. For the cure of scrophula, we have not yet learned any practice that is certainly or even generally successful.

The remedy which seems to be the most successful, and which our practitioners especially trust to and employ, is the use of mineral waters; and indeed the washing out, by means of these, the lymphatic system, would seem to be a measure promising success: but in very many instances of the use of waters, I have not been well satisfied that they had shortened the duration of the disease more than had often happened when no such remedy had been employed.

1755. With regard to the choice of the mineral waters most fit for the purpose, I cannot with any confidence give an opinion. Almost all kinds of mineral waters, whether chalybeate, sulphureous or saline, have been employed for the cure of scrophula, and seemingly with equal success and reputation: a circumstance

which leads me to think, that, if they are ever successful, it is the elementary water that is the chief part of the remedy.

Of late, sea water has been especially recommended and employed; but after numerous trials, I cannot yet discover its superior efficacy.

1756. The other remedies proposed by practical writers are very numerous; but, upon that very account, I apprehend they are little to be trusted: and, as I cannot perceive any just reason for expecting success from them, I have very seldom employed them.

Of late, the Peruvian bark has been much recommended: and as in scrophulous persons there are generally some marks of laxity and flaccidity, this tonic may possibly be of service; but in a great variety of trials, I have never seen it produce any immediate cure of the disease.

In several instances, the leaves of coltsfoot have appeared to me to be successful. I have used it frequently in strong decoction, and even then with advantage; but have found more benefit from the expressed juice, when the plant could be had in somewhat of a succulent state, soon after its first appearance in the spring.

1757. I have also frequently employed the hemlock, and have sometimes found it useful in discussing obstinate swellings: but in this, it has also often disappointed me; and I have not at any time observed that it disposed scrophulous ulcers to heal.

I cannot conclude the subject of internal medicines without remarking, that I have never found, either mercury or antimony, in any shape, of use in this disease; and when any degree of a feverish state had come on, the use of mercury proved manifestly hurtful.

1758. In the progress of scrophula, several external

medicines are requisite. Several applications have been used for discussing the tumours upon their first coming on; but hitherto my own practice, in these respects, has been attended with very little success. The solution of saccharum saturni has seemed to be useful; but it has more frequently failed: and I have had no better success with the spiritus Mindereri. Fomentations of every kind have been frequently found to do harm; and poultices seem only to hurry on a suppuration. I am doubtful if this last be ever practised with advantage; for scrophulous tumours sometimes spontaneously disappear, but never after any degree of inflammation has come upon them; and therefore poultices, which commonly induce inflammation, prevent that discussion of tumours, which might otherwise have happened.

Even when scrophulous tumours have advanced towards suppuration, I am unwilling to hasten the spontaneous opening, or to make it by the lancet: because I apprehend the scrophulous matter is liable to be rendered more acrid by communication with the air, and to become more eroding and spreading than when in its inclosed state.*

* We have lately had great pleasure, in witnessing a cure, by the nitric acid, of a most painful and threatening scrophulous ulcer, on the face of a lady, in this city, under the direction of Dr. Chapman.

At a consultation of physicians, held on the subject, the ulcer was pronounced to be, if not incurable, at least, of a nature, not to be touched, unless by the most simple and lenient dressings—such as could make no impression on the sore. But the excruciating pain, which the patient experienced, rendered it necessary to do something for her relief.

Under these circumstances, Dr. Chapman commenced the use of the acid, administering from two to three drachms of it daily, and frequently moistening the surface of the ulcer, with the same article, in a diluted state.

In a short time the change produced was truly surprising. Not more than three days elapsed, when the ulcer ceased to be painful; and assumed a healthy aspect. Instead of retorted edges, and a fungous centre, the skin, around the sore, became soft; and fine granulations appeared, in every part of it. In a few weeks, the cure was complete; and there seems to be no dis-

1759. The management of scrophulous ulcers has, so far as I know, been as little successful as that of the tumours. Escharotic preparations, of either mercury or copper, have been sometimes useful in bringing on a proper suppuration, and thereby disposing the ulcer to heal; but they have seldom succeeded, and more commonly they have caused the ulcer to spread more. The escharotic from which I have received most benefit is burnt alum, and a portion of that, mixed with a mild ointment, has been as useful an application as any I have tried. The application, however, that I have found most serviceable and very universally admissible, is that of linen cloths wetted with cold water, and frequently

position in the ulcer to recur. The nitric acid was the only remedy employed in the treatment.

Scrophula appears to be, in no small degree, assimilated to rickets. Like that disease, it arises, no doubt, from a want of vigour, accompanied by a peculiarly vitiated action, in the organs of digestion, assimilation and nutrition. The conglobate glands, which are concerned in nutrition, are particularly affected in it.

In common with rickets, it is much under the influence of regimen. The liberal use of a wholesome and nourishing diet, sufficient exercise, in the open air, and a continued course of tonic remedies, constitute all that physicians can recommend for it. To give high health and vigour to the system, is the best means of counteracting, or removing, the scrophulous diathesis. The mode of effecting this, has been so often mentioned, and must be, therefore, so perfectly familiar to the reader, that its repetition, here, would be altogether superfluous.

A method, reported sometimes to succeed, in the discussion of threatening scrophulous tumours, and which is not, we believe, very generally known, is, to rub them, once or twice a day, with an ointment, consisting of sweet oil, or fresh lard, holding in mixture, a quantity of tartarized antimony. The use of this preparation, is followed, in a few days, by a crop of peculiar pustules, which appears to be instrumental in preventing the suppuration of the tumours. Scrophulous tumours are sometimes discussed, by long continued blistering.

When completely formed, rickets and scrophula—to which, confirmed syphilis may, perhaps, be subjoined—appear to be the most universal of diseases. In addition to the soft parts, the bones themselves are not exempt from their ravages. When under their influence, it may be truly said, of man, that “there is no soundness in him.” Hence the extreme difficulty of eradicating them from the system.

changed when they are becoming dry, it being inconvenient to let them be glued to the sore. They are therefore to be changed frequently during the day; and a cloth spread with a mild ointment or plaster may be applied for the night. In this practice I have sometimes employed sea water; but generally it proved too irritating; and neither that nor any mineral water has appeared to be of more service than common water.

1760. To conclude what I have to offer upon the cure of scrophula, I must observe, that cold bathing seems to have been of more benefit than any other remedy that I have had occasion to see employed.

CHAPTER II.

OF SYPHILIS, OR THE VENEREAL DISEASE.

1761. AFTER practitioners have had so much experience in treating this disease, and after so many books have been published upon the subject, it does not seem necessary, or even proper, for me to attempt any full treatise concerning it; and I shall therefore confine myself to such general remarks, as may serve to illustrate some parts of the pathology or of the practice.

1762. It is sufficiently probable, that anciently, in certain parts of Asia, where the leprosy prevailed, and in Europe after that disease had been introduced into it, a disease of the genitals, resembling that which now commonly arises from syphilis, had frequently appeared: but it is equally probable, that a new disease, and what we at present term *Syphilis*, was first brought into Europe about the end of the fifteenth century; and that the distemper now so frequently occurring, has been

very entirely derived from that which was imported from America at the period mentioned.*

1763. This disease, at least in its principal circumstances, never arises in any person but from some communication with a person already affected by it. It is

* For a very curious and interesting inquiry, into the origin of the venereal disease, the reader is referred to an inaugural dissertation, by Dr. Tongue, published by Thomas and William Bradford, and contained in the volume of "Select Theses," for the year 1806.

The number of valuable treatises, on the venereal disease, which are now extant; and, one or more of which, it is the duty of every physician in our country to possess, renders it superfluous for us to dwell on the subject, in this place.

We have another reason, for not descending to particulars, in the present instance.

The discrimination and treatment of plain and simple cases of the disease, are sufficiently obvious, from what our author has, himself given us; and it would be impossible for us, within the compass of a reasonable note, to condense what would be satisfactory, in relation to difficult ones.

For ample information, on this subject, the reader is referred to Astruc—Swediaur—Hunter—Foote, and Bell.

As a matter of abstract belief, we feel persuaded that perpetuity does not attach to any thing earthly. Change is a fundamental law of creation. Like human life, every thing begins, progresses, and terminates.

These remarks appear to us applicable to the venereal disease. The complaint, at present, is certainly marked with much less violence, obstinacy, and malignity, than it has been, even within our own remembrance.

The same thing is true in the countries of Europe. In the southern section of that continent, especially in Spain, where its ravages were once proverbially formidable, the venereal disease is now entirely divested of its terrors. It is said to be treated without mercury, and cured without difficulty or danger.

Something like this, although not to the same extent, is true in England and France. Compared to itself in former times, the disease is there both mild and tractable. By many practitioners of great respectability, mercury is no longer considered essential to its cure.

In the large cities of our own country, the complaint is no longer the scourge it is known to have been in former years. In the treatment of it, mercury, although not yet abandoned, is administered only in certain cases, and in very moderate quantities.

Upon the whole, there seems reason to believe, that, like other complaints which have risen, prevailed for a time, and then disappeared, the venereal disease is certainly on the decline; and that the time is not, perhaps, far distant, when it shall have ceased to be the scourge of illicit pleasures.

That such has been the career of sundry complaints, the records of medicine abundantly testify.

most commonly contracted in consequence of coition with an infected person; but in what manner the infection is communicated, is not clearly explained. I am persuaded, that in coition, it is communicated without there being any open ulcer either in the person communicating, or in the person receiving the infection; but in all other cases, I believe it is never communicated in any other way than by a contact of ulcer, either in the person communicating, or in the person receiving the infection.

1764. As it thus arises from the contact of particular parts, so it always appears first in the neighbourhood of the parts to which the infecting matter had been immediately applied; and therefore, as most commonly contracted by coition, it generally appears first in the genitals.

1765. After its first appearance in particular parts, more especially when these are the genitals of either sex, its effects for some time seem to be confined to these parts; and, indeed, in many cases, never extends further. In other cases, however, the infecting matter passes from the parts first affected, and from the genitals, therefore, into the blood-vessels; and being there diffused, produces disorders in many other parts of the body.

From this view of the circumstances, physicians have very properly distinguished the different states of the disease, according as they are local or are more universal. To the former they have adapted appellations suited to the manner in which the disease appears: and to the other, the general affection, they have almost totally confined the appellations of *Syphilis*, *Lues Venerea*, or *Pox*. In the remarks I am now to offer, I shall begin with considering the local affection.

1766. This local affection appears chiefly in the form of gonorrhœa or chancre.

The phenomena of gonorrhœa, either upon its first coming on or in its after progress, or the symptoms of ardor urinæ, chordee, or others attending it, it is not necessary for me to describe. I shall only here observe, that the chief circumstances to be taken notice of, is the inflamed state of the urethra, which I take to be inseparable from the disease.

1767. In these well known circumstances, the gonorrhœa continues for a time longer or shorter, according to the constitution of the patient; it usually remaining longest in the most vigorous and robust, or according to the patient's regimen, and the care taken to relieve or cure the disease. In many cases, if by a proper regimen the irritation of the inflamed state is carefully avoided, the Gonorrhœa spontaneously ceases, the symptoms of inflammation gradually abating, the matter discharged becoming of a thicker and more viscid consistence, as well as of a whiter colour; till at length, the flow of it ceases altogether; and whether it be thus cured spontaneously, or by art, the disease often exists without communicating any infection to the other parts of the body.

1768. In other cases, however, the disease having been neglected, or by an improper regimen aggravated, it continues with all its symptoms for a long time; and produces various other disorders, in the genital parts, which, as commonly taken notice of by authors, need not be described here. I shall only observe, that the inflammation of the urethra, which at first seems to be seated chiefly, or only, in its anterior parts, is in such neglected and aggravated cases spread upwards along the urethra, even to the neck of the bladder. In these circumstances, a more considerable inflammation is oc-

casioned in certain parts of the urethra; and consequently, suppuration and ulcer are produced, by which the venereal poison is sometimes communicated to the system, and gives rise to a general syphilis.

1769. It was some time ago a pretty general supposition, that the gonorrhœa depended always upon ulcers of the urethra, producing a discharge of purulent matter; and such ulcers do indeed sometimes occur in the manner that has been just now mentioned. We are now assured, however, from many dissections of persons who had died when labouring under a gonorrhœa, that the disease may exist, and from many considerations it is probable that it commonly does exist, without any ulceration of the urethra; so that the discharge which appears, is entirely that of a vitiated mucus from the mucous follicles of the urethra.

1770. Although most of the symptoms of gonorrhœa should be removed, yet it often happens that a mucous fluid continues to be discharged from the urethra for a long time after, and sometimes for a great part of a person's life. This discharge is what is commonly called a *Gleet*.

With respect to this, it is proper to observe, that in some cases, when it is certain the matter discharged contains no venereal poison, the matter may, and often does put on that puriform appearance, and that yellow and greenish colour, which appears in the discharge at the beginning and during the course of a virulent gonorrhœa. These appearances in the matter of a gleet which before had been of a less coloured kind, have frequently given occasion to suppose that a fresh infection had been received: but I am certain that such appearances may be brought on by, perhaps, various other causes; and particularly, by intemperance in venery and drinking concurring together. I believe, indeed,

that this seldom happens to any but those who had before frequently laboured under a virulent gonorrhœa, and have more or less of gleet remaining with them; but I must also observe, that in persons who at no period of their life had ever laboured under a virulent gonorrhœa, or any other symptom of syphilitic affection, I have met with instances of discharges from the urethra resembling those of a virulent gonorrhœa.

The purpose of these observations is, to suggest to practitioners what I have not found them always aware of, that in persons labouring under a gleet, such a return of the appearances of a virulent gonorrhœa may happen without any new infection having been received, and consequently not requiring the treatment which a new infection might perhaps demand. When, in the cure of gonorrhœa, it was the practice to employ purgatives very frequently, and sometimes those of the drastic kind, I have known the gleet, or spurious gonorrhœa, by such a practice much increased and long continued, and the patient's constitution very much hurt. Nay, in order more certainly further to prevent mistakes, it is to be observed, that the spurious gonorrhœa is sometimes attended with heat of urine, and some degree of inflammation; but these symptoms are seldom considerable, and merely by the assistance of a cool regimen, commonly disappear in a few days.

1771. With respect to the cure of a virulent gonorrhœa, I have only to remark, that if it be true, as I have mentioned above, that the disease will often, under a proper regimen, be spontaneously cured; and that the whole of the virulent matter may be thus entirely discharged without the assistance of art; it would seem that there is nothing required of practitioners, but to moderate and remove that inflammation which continues the disease, and occasions all the troublesome symptoms

that ever attend it. The sole business therefore of our art in the cure of gonorrhœa, is to take off the inflammation accompanying it: and this I think may commonly be done, by avoiding exercise, by using a low and cool diet, by abstaining entirely from fermented and spirituous liquors, and by taking plentifully of mild diluent drinks.

1772. The heat of urine, which is so troublesome in this disease, as it arises from the increased sensibility of the urethra in its inflamed state; so, on the other hand, the irritation of the urine has the effect of increasing the inflammation, and is therefore to be removed as soon as possible. This can be done most effectually by taking in a large quantity of mild watery liquors. Demulcents may be employed; but unless they be accompanied with a large quantity of water, they will have little effect. Nitre has been commonly employed as a supposed refrigerant: but, from much observation, I am convinced, that in a small quantity it is useless, and in a large quantity certainly hurtful; and, for this reason, that every saline matter passing with the urine generally gives some irritation to the urethra. To prevent the irritation of the urethra arising from its increased sensibility, the injection of mucilage or of mild oil into it has been practised, but I have seldom found this of much service.

1773. In gonorrhœa, as costiveness may be hurtful, both by an irritation of the system in general, and of the urethra in particular, as this is occasioned always by the voiding of hardened faeces; so costiveness is to be carefully avoided or removed; and the frequent use of large glysters of water and oil, I have found of remarkable benefit in this disease. If glysters, however, do not entirely obviate costiveness, it will be necessary to give laxatives by the mouth: which, however, should be of

the mildest kind, and should do no more than keep the belly regular, and a little loose, without much purging.

The practice of frequent purging, which was formerly so much in use, and is not yet entirely laid aside, has always appeared to me to be generally superfluous, and often very hurtful. Even what are supposed to be cooling purgatives, such as Glauber's salt, soluble tartar, and crystals of tartar, in so far as any part of them pass by urine, they in the same manner as we have said of nitre, may be hurtful; and so far as they produce very liquid stools, the matter of which is generally acrid, they irritate the rectum, and consequently the urethra. This last effect, however, the acrid, and in any degree drastic, purgatives, more certainly produce.

1774. In cases of a gonorrhœa attended with violent inflammation, blood-letting may be of service; and in the case of persons of a robust and vigorous habit, in whom the disease is commonly the most violent, blood-letting may be very properly employed. As general bleedings, however, when there is no phlogistic diathesis in the system, have little effect in removing topical inflammation; so in gonorrhœa, when the inflammation is considerable, topical bleeding applied to the urethra by leeches, is generally more effectual in relieving the inflammation.

1775. When there is any phymosis attending a gonorrhœa, emollient fomentations applied to the whole penis are often of service. In such cases, it is necessary, and in all others useful, to keep the penis laid up to the belly, when the patient either walks about or is sitting.

1776. Upon occasion of frequent priapism and chordee, it has been found useful to apply to the whole of the penis a poultice of crumb of bread moistened with a strong solution of sugar of lead. I have, however,

been often disappointed in this practice, perhaps by the poultice keeping the penis too warm, and thereby exciting the very symptoms I wished to prevent. Whether lotions of the external urethra with the solution of the sugar of lead, might be useful in this case, I have not properly tried.

1777. With respect to the use of injections, so frequently employed in gonorrhœa, I am persuaded, that the early use of astringent injections is pernicious; not by occasioning a syphilis, as has been commonly imagined; but by increasing and giving occasion to all the consequences of the inflammation, particularly to the very troublesome symptoms of swelled testicles. When, however, the disease has continued for some time, and the inflammatory symptoms have very much abated, I am of opinion, that by injections of moderate astringency, or at least of this gradually increased, an end may be sooner put to the disease than would otherwise have happened; and that a gleet, so readily occurring, may be generally prevented.

1778. Besides the use of astringent injections, it has been common enough to employ those of a mercurial kind. With respect to these, although I am convinced that the infection producing gonorrhœa, and that producing chancres and syphilis, are one and the same; yet I apprehend, that in gonorrhœa mercury cannot be of use by correcting the virulence of the infection; and therefore that it is not universally necessary in this disease. I am persuaded, however, that mercury applied to the internal surface of the urethra, may be of use in promoting the more full and free discharge of virulent matter from the mucous glands of it. Upon this supposition, I have frequently employed mercurial injections, and, as I judge, with advantage; those injections often bringing on such a state of the consist-

ence and colour of the matter discharged, as we know usually to precede its spontaneous ceasing. I avoid these injections, however, in recent cases, or while much inflammation is still present; but when that inflammation has somewhat abated, and the discharge notwithstanding still continues in a virulent form, I employ mercurial injections freely. I employ those only that contain mercury entirely in a liquid form, and avoid those which may deposit an acrid powder in the urethra. That which I have found most useful is a solution of the corrosive sublimate in water; so much diluted as not to occasion any violent smarting, but not so much diluted as to give no smarting at all. It is scarce necessary to add, that when there is reason to suspect there are ulcerations already formed in the urethra, mercurial injections are not only proper, but the only effectual remedy that can be employed.

1779. With regard to the cure of gonorrhœa, I have only one other remark to offer. As most of the symptoms arise from the irritation of a stimulus applied, the effects of 's irritation may be often lessened by diminishing the irritability of the system; and it is well known, that the most certain means of accomplishing this is by employing opium. For that reason, I consider the practice both of applying opium directly to the urethra, and of exhibiting it by the mouth, to be extremely useful in most cases of gonorrhœa.

1780. After thus offering some remarks with respect to gonorrhœa in general, I might proceed to consider particularly the various symptoms which so frequently attend it; but it does not seem necessary for me to attempt this after the late publications of Dr. Foart Simmons, and of Dr. Schwediaur, who have treated the subject so fully, and with so much discernment and skill.

1781. The other form of the local affection of syphi-

lis, is that of chancre. The ordinary appearance of this I need not describe, it having been already so often done. Of the few remarks I have to offer, the first is, that I believe chancres never appear in any degree without immediately communicating to the blood more or less of the venereal poison: for I have constantly, whenever chancres had appeared, found, that unless mercury was immediately given internally, some symptoms of a general syphilis did certainly come on afterwards; and though the internal use of mercury should prevent any such appearance, it is still to be presumed that the poison had been communicated, because mercury could act upon it in no other manner than as diffused in the fluids.

1782. It has been a question among practitioners, upon the subject of chancres, whether they may be immediately healed up by applications made to the chancres, or if they should be left open for some time without any such application? It has been supposed, that the sudden healing up of chancres might immediately force into the blood a poison which might have been excluded by being discharged ~~from~~ ^{by} a chancre. This, however, is a supposition that is ^{very} doubtful; and, upon the other hand, I am certain, that the longer a chancre is kept open, the more poison it perhaps generates, and certainly supplies it more copiously to the blood. And although the above mentioned supposition were true, it will be of little consequence, if the internal use of the mercury, which I judge necessary in every case of chancre, be immediately employed. I have often seen very troublesome consequences follow from allowing chancres to remain unhealed; and the symptoms of general syphilis have always seemed to me to be more considerable and violent in proportion as chancres had been suffered to remain longer unhealed. They should

always, therefore, be healed as soon as possible; and that, by the only very effectual means, the application of mercurials to the chancre itself. Those that are recent, and have not yet formed any considerable ulcer, may often be healed by the common mercurial ointment: but the most powerful means of healing them has appeared to me, to be the application of red precipitate in a dry powder.

1783. When, in consequence of chancres, or of the other circumstances above mentioned, by which it may happen the venereal poison has been communicated to the blood, it produces many different symptoms in different parts of the body, not necessary to be enumerated and described here, that having been already done by many authors with great accuracy.

1784. Whenever any of those symptoms do in any degree appear, or as soon as it is known that the circumstances which gave occasion to the communication of the venereal poison have taken place, I hold the internal use of mercury to be immediately necessary; and I am well persuaded, the mercury employed without delay, and in sufficient quantity, will pretty certainly prevent the symptoms which would otherwise have soon appeared, or will remove those that may have already discovered themselves. In both cases, it will secure the person from any future consequences of syphilis from that infection.

1785. This advice for the early and full use of mercury, I take to be the most important that can be given with respect to the venereal disease: and although I must admit that the virulence of the poison may be greater in one case than in another, and even that one constitution may be more favourable than another to the violence of the disease; yet I am thoroughly convinced that most of the instances which have occurred of the

violence and obstinacy of syphilis have been owing very entirely to the neglect of the early application of mercury.

1786. Whatever other remedies of syphilis may be known, or may hereafter be found out, I cannot pretend to determine; but I am well persuaded, that in most cases mercury properly employed will prove a very certain and effectual remedy. With respect to others that have been proposed, I shall offer this remark only, that I have found the decoction of the mezereon contribute to the healing of ulcers which seemed to have resisted the power of mercury.

1787. With regard to the many and various preparations of mercury, I do not think it necessary to give any enumeration of them here, as they are commonly very well known, and have been lately well enumerated by Dr. Schwediaur. The choice of them seems to be for the most part a matter of indifference; as I believe cures have been, and still may be effected by many different preparations, if properly administered. The proper administration seems to consist, *first*, In the choosing those preparations which are the least ready to run off by stool; and therefore the applications externally by unction are in many cases the most convenient. *2dly*, In employing the unction, or in giving a preparation of mercury internally, in such quantity as may show its sensible effects in the mouth. And, *3dly*, without carrying these effects to a greater length, in the continuing the employment of mercury for several weeks, or till the symptoms of the disease shall have for some time entirely disappeared. I say nothing of the regimen proper and necessary for patients during the employment of mercury, because I presume it to be very well known.

1788. Among the other preparations of mercury, I

believe the corrosive sublimate has often been employed with advantage: but I believe also, that it requires being continued for a longer time than is necessary in the employment of other preparations in the manner above proposed; and I suspect it has often failed in making a cure, because employed while persons were at the same time exposed to the free air.

1789. Upon these points, and others relative to the administration of mercury, and the cure of this disease, I might offer some particular remarks: but I believe they are generally understood; and it is enough for me to say here, that if practitioners will attend, and patients will submit, to the general rules given above, they will seldom fail of obtaining a certain and speedy cure of the disease.

CHAPTER III.

OF SCURVY.*

1790. THIS disease appears so frequently, and the effects of it are so often fatal in fleets and armies, that

* Every phenomenon, connected with scurvy, pronounces it to be a gastric disease. It commences in the stomach, and thence propagates its morbid action, throughout the entire system of assimilating organs; to which we might add, the organs of nutrition. Hence the change that ensues in the state of the fluids. The whole apparatus, which prepares them, being disordered in its action, it cannot be expected that they will remain sound. But the fluids neither are, nor can be, the part of the system, that is originally assailed. They are, in all cases, and, essentially, *the children of the solids*, and immediately dependent on them, for their *state and condition*. As long, therefore, as the constitution of the parents continues sound, and their action orderly, the constitution of their descendants cannot be impaired: for, it is, in living, as in dead matter, a law of nature, that, under similar circumstances, similar causes are, necessarily, productive of similar effects. From the healthy action of healthy solids, therefore, healthy fluids must always proceed.

it has very properly engaged the particular attention of physicians. It is indeed surprising that it has no sooner attracted the especial notice of both statesmen and physicians, so as to have produced those measures and regulations that might prevent the havoc which it so often occasions. Within these last fifty years, however, it has been so much attended to and studied, that we might suppose every circumstance relating to it so fully and exactly ascertained, as to render all other labour upon the subject superfluous. This perhaps may be true; but it appears to me, that there are still several circumstances regarding the disease not agreed upon among physicians, as well as different opinions formed, some of which may have had a bad effect upon the practice; and this seems to me to be so much the case, that I hope I shall be excused in endeavouring here to state

Scurvy appears, almost exclusively, on board of ships, at sea, during long voyages, and in besieged towns and garrisons, on shore.

Both its prevention and cure, are exceedingly simple, and well understood—as well, perhaps, as those of any other disease, we are called to encounter.

In addition to cleanliness, moderate exercise, and the breathing of a free, pure, and dry atmosphere, they consist, principally, in the use of a diet, composed of a due mixture of fresh animal, and acid, or acescent vegetable, food.

In the prevention of scurvy, these measures, when they can be pursued, to a proper extent, are considered infallible. Nor, unless when the disease has already advanced, to the last extremity, do they often fail in effecting a cure.

A new remedy, for this disease, said to be now successfully used, in the British navy, is a solution of nitre in vinegar. Dr. Patterson, who appears to have first employed this preparation, speaks of its efficacy, in the highest terms.

We confess ourselves sufficiently sceptical, to apprehend, that his report is much exaggerated. The doctor appears to place his chief reliance, on the introduction of oxygenous gas into the system; a measure, which we are persuaded will never cure the scurvy.

The writers, that may be most advantageously consulted, in this disease, are, Rouppe—Lind—Macbride—Milman, and Trotter. These authors should be found in the library of every naval and military surgeon and physician.

the facts as they appear to me from the best authorities, and to offer remarks upon opinions which may influence the practice in the prevention and cure of this disease.

1791. With respect to the phenomena of the disease, they have now been so fully observed, and so accurately described, that there is no longer any doubt in discerning the disease when it is present, or in distinguishing it from almost every other ailment. In particular it seems now to be fully determined, that there is one disease only, entitled to the appellation of **Scurvy**; that it is the same upon the land as upon the sea; that it is the same in all climates and seasons, as depending every where upon nearly the same causes; and that it is not at all diversified, either in its phenomena or its causes, as had been imagined some time ago.

1792. the phenomena of scurvy, therefore, are not to be described here, as it has been so fully and accurately done elsewhere; and I shall only endeavour to ascertain those facts with respect to the prevention and cure of the disease which seem not yet to be exactly agreed upon. And first, with respect to the antecedents that may be considered as the remote causes of the disease.

1793. The most remarkable circumstances amongst the antecedents of this disease, is, that it has most commonly happened to men living very much on salted meats; and whether it ever arise in any other circumstances, is extremely doubtful. These meats are often in a putrescent state: and to the circumstance of the long continued use of animal food in a putrescent and somewhat indigestible state, the disease has been especially attributed. Whether the circumstances of the meat's being salted, has any effect in producing the disease, otherwise than by being rendered more indigestible, is a question that remains still in dispute.

1794. It seems to me that the salt concurs in producing the effect; for there is hardly any instance of the disease appearing, unless where salt meats had been employed, and scarcely an example where the long continued use of these did not produce it; besides all which, there are some instances where, by avoiding salt meats, or by diminishing the proportion of them in diet, while other circumstances remained much the same, the disease was prevented from appearing. Further, if it may be admitted as an argument upon this subject, I shall hereafter endeavour to show, that the large use of salt has a tendency to aggravate and increase the proximate cause of scurvy.

1795. It must, however, be allowed, that the principal circumstance in causing scurvy, is the living very much and very long upon animal food, especially when in a putrescent state; and the clear proof of this is, that a quantity of fresh vegetable food will always certainly prevent the disease.

1796. While it has been held, that, in those circumstances in which scurvy is produced, the animal food employed was especially hurtful by its being of difficult digestion, this opinion has been attempted to be confirmed, by observing, that the rest of the food employed in the same circumstances was also of difficult digestion. This is supposed to be especially the case of unfermented farinacea, which so commonly makes a part of the sea diet. But I apprehend this opinion to be very ill-founded; for the unfermented farinacea, which are in a great proportion the food of infants, of women, and of the greater part of mankind, can hardly be supposed to be food of difficult digestion: and with respect to the production of scurvy, there are facts which show, that unfermented farinacea, employed in large proportion, have had a considerable effect in preventing the disease.

1797. It has been imagined that a certain impregnation of the air upon the sea had an effect in producing scurvy. But it is altogether improbable: for the only impregnations which could be suspected, are those of inflammable or mephitic air; and it is now well known, that these impregnations are much less in the air upon the sea than in that upon the land; besides, there are otherwise many proofs of the salubrity of the sea air. If, therefore, sea air have any effect in producing scurvy, it must be by its sensible qualities of cold or moisture.

1798. That cold has an effect in favouring the production of scurvy, is manifest from hence, that the disease is more frequent and more considerable in cold than in warm climates and seasons; and that even warm clothing has a considerable effect in preventing it.

1799. Moisture may in general have an effect in favouring the production of scurvy, where that of the atmosphere in which men are placed is very considerable: but the ordinary moisture of the sea air is far from being such. Probably it is never considerable, except in the case of unusual rains; and even then it is perhaps by the application of moisture to the bodies of men in damp clothing only that it has any share in the production of scurvy. At the same time, I believe, there is no instance of either cold or moisture producing scurvy, without the concurrence of the faulty sea diet.

1800. Under those circumstances which produce scurvy, it commonly seems to occur most readily in the persons who are the least exercised; and it is therefore probable, that confinement and want of exercise may have a great share in producing the disease.

1801. It appears that weakness, in whatever manner occasioned, is favourable to the production of scurvy. It is therefore probable, that unusual labour and fatigue

may often have some share in bringing it on: and upon the same account it is probable that sadness and despondency may induce a weakness of the circulation; and thereby, as has been remarked, be favourable to the production of scurvy.

1802. It has also been observed, that persons negligent in keeping their skin clean by washing and change of clothing, are more liable than others to be affected with scurvy.

1803. Several of these causes, now mentioned, concurring together, seem to produce scurvy; but there is no proper evidence that any one of them alone will produce it, or that all the other uniting together will do it, without the particular concurrence of the sea diet. Along with this, however, several of the other circumstances mentioned, have a great effect in producing it sooner, and in a more considerable degree, than should otherwise have happened from the diet alone.

1804. From this view of the remote causes, it will readily appear, that the prevention of the disease may in some measure depend upon the avoiding of those circumstances, which we have enumerated as contributing to bring on the disease sooner than it would otherwise come on. At the same time, the only effectual means will be, by avoiding the diet of salted meats; at least by lessening the proportion of these, and using meat preserved otherwise than by salt; by using in diet any kind of esculent vegetable matter that can be obtained; and especially by using vegetable matters the most disposed to acescency, such as malt; and by drinking a large quantity of pure water.

1805. The cure of scurvy seems now to be very well ascertained, and when the necessary means can be obtained, the disease is commonly removed very quickly. The chief means is a food of fresh and succulent vege-

tables, and those almost of any kind that are at all esculent. Those most immediately effectual are the acid fruits, and, as being of the same nature, all sort of fermented liquor.

1806. The plants named *alkalescent*, such as those of the garlic tribe and of the tetradymaniæ, are also particularly useful in the cure of this disease; for, notwithstanding their appellation, they, in the first part of their fermentation, undergo an acescency, and seem to contain a great deal of acescent matter. At the same time, they have generally in their composition an acrid matter that readily passes by urine, probably by perspiration; and by promoting both excretions, are useful in the disease. It is probable, that some plants of the coniferous tribe, such as the spruce, fir, and others possessed of a diuretic power, may likewise be of some use.

1807. It is sufficiently probable, that milk of every kind, and particularly its productions, whey and buttermilk, may prove a cure of this disease.

1808. It has been common in this disease to employ the fossil acids; but there is reason to doubt if they be of any service, and it is certain they are not effectual remedies. They can hardly be thrown in in such quantity as to be useful antiseptics; and as they do not seem to enter into the composition of the animal fluids, and probably pass off unchanged by the excretions, so they can do little in changing the state of the fluids.

1809. The great debility which constantly attends scurvy, has naturally led physicians to employ tonic and strengthening medicines, particularly the Peruvian bark; but the efficacy of it seems to me very doubtful. It is surprising how soon the use of a vegetable diet restores the strength of scorbutic persons; which seems to show that the preceding debility had depended upon the state

of the fluids; and consequently, till the sound state of these can be restored, no tonic remedy can have much effect: but as the Peruvian bark has little power in changing the state of the fluids, so it can have little effect in scurvy.

1810. I shall conclude my observations upon the medicines employed in scurvy, with remarking, that the use of mercury is always manifestly hurtful.

1811. After having observed that both the prevention and cure of this disease are now very well known, it may seem unnecessary to enter into much discussion concerning its proximate cause: but as such discussions can hardly be avoided, and as false opinions may in some measure corrupt the practice, I shall venture to suggest here what appears to me most probable upon the subject.

1812. Notwithstanding what has been asserted by some eminent persons, I trust to the concurring testimony of the most part of the authors upon the subject, that in scurvy the fluids suffer a considerable change.

From these authors we learn, that in the blood drawn from the veins of persons labouring under the scurvy, the crassamentum is different both in colour and consistence from what it is in healthy persons; and that at the same time the serum is commonly changed both in colour and taste. The excretions also, in scorbutic persons, show a change in the state of the fluids. The breath is fetid: the urine is always high-coloured, and more acrid than usual; and if that acrid exudation from the feet, which Dr. Hulme takes notice of, happens especially in scorbutic persons, it will be a remarkable proof to the same purpose. But however this may be, there is evidence enough that in scurvy the natural state of the fluids is considerably changed. Further, I apprehend it may be confidently presumed from this, that

the disease is brought on by a particular nourishment introduced into the body, and is as certainly cured by the taking in of a different diet. In the latter case, the diet used has no other evident operation, than that of giving a particular state and condition of the fluids.

1813. Presuming, therefore, that the disease depends upon a particular condition of the fluids of the body, the next subject of inquiry is, What that condition may be?

With this view I must observe, that the animal economy has a singular power of changing acescent aliments, in such a manner, as to render them much more disposed to putrefaction; and although, in a living state, they hardly ever proceed to an actually putrid state; yet in man, whose aliment is of a mixed kind, it is pretty certain, that if he were to live entirely upon animal food, without a frequent supply of vegetable aliment, his fluids would advance further towards putrefaction than is consistent with health. This advance towards putrefaction seems to consist in the production and evolution of a saline matter which did not appear in the vegetable aliment, and could not be produced or evolved in it, but by carrying on its fermentation to a putrefactive state. That this saline state is constantly in some measure produced and evolved by the animal process, appears from this, that certain excretions of saline matter are constantly made from the human body, and are therefore presumed necessary to its health.

From all this, it may be readily understood, how the continual use of animal food, especially when already in a putrescent state, without a mixture of vegetable, may have the effect of carrying the animal process too far, and particularly of producing and evolving a larger proportion of saline matter. That such a preternatural quantity of saline matter does exist in the blood of scor-

butic persons, appears from the state of the fluids above mentioned. It will be a confirmation of all this to observe, that every interruption of perspiration, that is, the retention of saline matter, contributes to the production of scurvy; and this interruption is especially owing to the application of cold, or to whatever else weakens the force of the circulation; such as the neglect or want of exercise, fatigue, or despondency of the mind. It deserves indeed to be remarked here, that one of the first effects of the scurvy once induced, is very soon to occasion a great debility of the system, which occasions of course a more rapid progress of the disease. How the state of the fluids may induce such a debility is not well understood; but that it does depend upon such a state of the fluids, is rendered sufficiently presumable from what has been said above with regard to both the causes and the cure of scurvy.

1814. It is possible that this debility may have a great share in producing several of the phenomena of scurvy; but a preternaturally saline, and consequently dissolved, state of the blood, will account for them with more probability; and I do not think it necessary to persons who are at all accustomed to reason upon the animal economy, to explain this matter more fully. I have only to add, that if my opinion in supposing the proximate cause of scurvy to be a preternaturally saline state of the blood, be at all founded, it will be sufficiently obvious, that the throwing into the body along with the aliment an unusual quantity of salt, may have a great share in producing the disease. Even supposing such salt to suffer no change in the animal body, the effect of it may be considerable; and this will be rendered still more probable, if it may be presumed, that all neutral salts, consisting of a fixed alkali, are changed in the animal body into an ammoniacal salt; which I apprehend to be

that especially prevailing in scurvy. If I be at all right in concluding, that meats, from being salted, contribute to the production of scurvy, it will readily appear, how dangerous it may be to admit the conclusion from another theory, that they are perfectly innocent.

1815. Having thus endeavoured to explain what relates to the cure of scurvy in general, I judge it proper to leave to other authors, what relates to the management of those symptoms which require a particular treatment.

CHAPTER IV.

OF JAUNDICE.

1816. I HAVE here passed over several of the titles in my nosology, because they are diseases not of this island. In these, therefore, I have no experience; and without that, the compiling from other writers is always extremely fallacious. For these reasons I omit them; and shall now only offer some remarks upon the subject of jaundice, the last in order that I can possibly introduce into my course of lectures.

1817. The jaundice consists in a yellow colour of the skin over the whole body, and particularly of the adnata of the eyes. This yellow colour may occur from different causes; but in the jaundice, hereafter to be more exactly characterized, I judge it to depend upon a quantity of bile present in the mass of blood; and which, thrown out upon the surface, gives its own proper colour to the skin and eyes.

1818. That the disease depends upon this we know particularly and certainly from the causes by which it is

produced. In order to explain these, I must observe, that bile does not exist in its proper form in the mass of blood, and cannot appear in this form till it has passed the secretory organ of the liver. The bile, therefore, cannot appear in the mass of blood, or upon the surface of the body, that is, produce jaundice from any interruption of its secretion; and accordingly, if jaundice does appear, it must be in consequence of the bile, after it had been secreted, being again taken into the blood-vessels.

This may happen in two ways; either by an interruption of its excretion, that is, of its passage into the duodenum, which by accumulating it in the biliary vessels, may give occasion to its passing again into the blood-vessels; or it may pass into these, by its being absorbed from the alimentary canal, when it happens to be accumulated there in an unusual quantity. How far the latter cause can take place, or in what circumstances it does occur, I cannot clearly ascertain, and I apprehend that jaundice is seldom produced in that manner.*

1819. The former cause of stopped excretion may be understood more clearly; and we have very certain proof of its being the ordinary, and indeed the almost universal cause of this disease. Upon this subject it will be obvious, that the interrupted excretion of the bile must depend upon an obstruction of the *ductus communis choledochus*; the most common cause of which is a biliary concretion formed in the gall-bladder, and from thence falling down into the *ductus communis*, it being at the same time of such a size as not to pass readily

* We doubt whether jaundice is ever produced, by an absorption of bile from the alimentary canal. That fluid, from whatever place it may be absorbed, does not carry its bitterness into the blood. By the taste alone, the serum of the blood, in jaundice, cannot be distinguished from that of the blood of a person in perfect health.

through that duct into the duodenum. This duct may likewise be obstructed by a spasmodic constriction affecting it: and such spasm may happen, either in the duct itself, which we suppose to be contractile; or in the duodenum pressing the sides of the duct close together; or, lastly, the duct may be obstructed by a tumour compressing it, and that arising either in the coats of the duct itself, or in any of the neighbouring parts that are, or may come to be, contiguous to it.

1820. When such obstruction happens, the secreted bile must be accumulated in the biliary ducts; and from thence it may either be absorbed and carried by the lymphatics into the blood-vessels, or it may regurgitate into the ducts themselves, and pass from them directly into the ascending cava. In either way, it comes to be diffused in the mass of blood; and from thence may pass by every exhalant vessel, and produce the disease in question.*

1821. I have thus shortly explained the ordinary production of jaundice: but it must be observed further, that it is at all times accompanied with certain other symptoms, such as a whiteness of the *fæces alvineæ*, which we readily account for from the absence of bile in the intestines; and generally, also, with a certain consistence of the fæces, the cause of which is not so easy to explain. The disease is always accompanied also with urine of a yellow colour, or at least with urine that tinges a linen cloth with a yellow colour. These are

* Bile cannot pass into the blood-vessels, through any other channel than that of absorption. It betrays, in our author, a most glaring deficiency of physiological knowledge, to assert, that the bile "may regurgitate in its ducts, and pass, from them, directly into the ascending vena cava." On grounds, just as tenable, might he have asserted, that the blood may regurgitate from the right ventricle of the heart, and pass, by an inverted movement, to the left, as to have declared his belief, in this retrograde march of the bile. In either case, an equal degree of violence must be done to the order of nature.

constantly attending symptoms; and though not always, yet there is commonly, a pain felt in the epigastrium, corresponding, as we suppose, to the seat of the *ductus communis*. The pain is often accompanied with vomiting; and even when the pain is not considerable, a vomiting sometimes occurs. In some cases, when the pain is considerable, the pulse becomes frequent, full, and hard, and some other symptoms of pyrexia appear.

1822. When the jaundice is occasioned by tumours of the neighbouring parts compressing the biliary duct, I believe the disease can very seldom be cured. That such is the cause of jaundice, may with some probability be supposed, when it has come on in consequence of other diseases which had subsisted long before, and more especially such as had been attended with symptoms of obstructed viscera. Even when the jaundice has subsisted long without any intermission, and without any pain in the epigastrium, an external compression is to be suspected.*

1823. In such circumstances, I consider the disease as incurable; and it is almost only when the disease is occasioned by biliary concretions obstructing the biliary duct, that we may commonly expect relief, and that our art may contribute to the obtaining it. Such cases may be generally known by the disease frequently disappearing and returning again; by our finding, after the former accident, biliary concretions amongst the fæces; and by the disease being frequently accompanied with pain of the epigastrium, and with vomitings arising from such pain.

1824. In these cases, we know of no certain and immediate means of expediting the passage of the biliary concretions. This is generally a work of time depend-

* Jaundice, produced by an obstruction of the liver—a cause, from which it often proceeds—may be cured, by the use of mercury.

ing upon the gradual dilatation of the biliary duct; and it is surprising to observe, from the size of the stones which sometimes pass through, what dilatation the duct will admit of. It proceeds, however, faster or slower upon different occasions; and therefore the jaundice, after a various duration, often ceases suddenly and spontaneously. It is this which has given rise to the belief, that the jaundice has been cured by such a number and such a variety of different remedies. Many of these, however, are perfectly inert, and many others of them such as cannot be supposed to have any effect in expediting the passage of a biliary concretion. I shall here, therefore, take no notice of the numerous remedies of jaundice mentioned by the writers on the *Materia Medica*, or even of those to be found in practical authors; but shall confine myself to the mention of those that may with probability be supposed to favour the passage of the concretion, or remove the obstacles to it which may occur.

1825. In the treatment of this disease, it is, in the first place, to be attended to, that as the distention of the biliary duct, by a hard mass that does not easily pass through it, may excite inflammation there; so, in persons of tolerable vigour, blood-letting may be an useful precaution; and when much pain, together with any degree of pyrexia, occurs, it becomes an absolutely necessary remedy. In some instances of jaundice accompanied with these symptoms, I have found the blood drawn covered with an inflammatory crust as thick as in cases of pneumonia.*

* With regard to the necessity of using the lancet, in such cases of jaundice, as are mentioned in this article, our author is perfectly correct in his sentiments. We have seen cases, in which several repetitions of blood-letting were required; the blood being as sify as in pleurisy or hepatitis. In such instances, the practitioner must be governed, entirely, by the state of

1826. There is no means of pushing forward a biliary concretion that is more probable than the action of vomiting; which, by compressing the whole abdominal viscera, and particularly the full and distended gall-bladder and biliary vessels, may contribute, sometimes gently enough, to the dilatation of the biliary duct. Accordingly vomiting has often been found useful for this purpose; but at the same time it is possible, that the force exerted in the act of vomiting may be too violent, and therefore gentle vomits ought only to be employed. And either when, by the long continuance of the jaundice, it may be suspected that the size of the concretion then passing is large; or more especially when pain attending the disease gives apprehension of inflammation, it may be prudent to avoid vomiting altogether.

1827. It has been usual in the jaundice to employ purgatives; and it is possible that the action of the intestines may excite the action of the biliary ducts, and thus favour the expulsion of the biliary concretion: but this, I think, cannot be of much effect; and the attempting it by the frequent use of purgatives, may otherwise

the pulse, the pain that is felt, and the effects that are produced, by the use of the remedy.

Our practice, in jaundice, has, usually, consisted, in blood-letting, when necessary; puking, purging—which, notwithstanding what our author says, is an important remedy—opiates, blisters, applied on the region of the liver, and a mercurial ptyalism. Adding to these, a diet, easy of digestion, friction on the region of the liver, or electricity, passed through the same, and moderate exercise, when not forbidden by fever, we have never failed, in recent cases, to effect a cure.

Balsam capivi, administered in doses of half a drachm, three or four times a day, we have found exceedingly useful, in the treatment of jaundice.

Inasmuch as no remedy ever enters the lacteals, and the circulation, in a formal state; but must first undergo a process of assimilation, which completely deprives it of its medicinal qualities; to administer articles, with a view to the solution of biliary calculi, that may be obstructing the ducts, is alike useless and unphilosophical.

hurt the patient. For this reason I apprehend, that purgatives can never be proper, excepting when there is a slow and bound belly.

1828. As the relaxation of the skin contributes to relax the whole system, and particularly to relieve the constriction of subjacent parts: so, when the jaundice is attended with pain, fomentations of the epigastrium may be of service.

1829. As the solids of the living body are very flexible and yielding; so it is probable, that biliary concretions would in many cases find the biliary duct readily admit of such dilatation as to render their passage through it easy, were it not that the distention occasions a preternatural spasmotic contraction of the parts below. Upon this account, opium is often of great benefit in jaundice; and the benefit resulting from its use, proves sufficiently the truth of the theory upon which the using of it has been founded.

1830. It were much to be wished, that a solvent of biliary concretions, which might be applied to them in the gall-bladder or biliary ducts, was discovered; but none such, so far as I know, has yet been found; and the employment of soap in this disease, I consider as a frivolous attempt. Dr. White of York has found a solvent of biliary concretions when these are out of the body; but there is not the least probability that it could reach them while lodged within.

APPENDIX

TO VOL. II.

Dysenteria, or Dysentery.

A NOVEL method of using emetic medicines in dysentery has been recommended by a late writer;* and we are assured by him that he has found the practice highly successful. This is in the form of a clyster; and that which he has experienced to answer best, has been about three drachms of ipecacuanha root, bruised and boiled in a quart of water down to a pint, which he repeats twice or thrice in twenty-four hours.

If dysentery is accompanied with violent retchings or a severe vomiting on its attack, so as to threaten the patient with cholera morbus, neither emetics, purgatives, nor diaphoretics, will be advisable at first. In such cases the stomach must be evacuated of its contents by the gentle stimulus of large draughts of chamomile-tea. The same, or weak broth, may be thrown up the intestines in the form of clysters until these are cleansed; after which an opiate should immediately be given. If the opium is rejected, a double quantity of it is then to be administered in a clyster.

Should the vomiting continue very obstinate notwithstanding these means, the safety of the patient will then depend on bathing the region of the stomach well with tincture of opium and camphorated spirits; on repeating the clysters frequently, with a proper quantity of opium in each; and on adopting the other steps advised under the head of Cholera Morbus. A blister applied over the stomach may sometimes be useful.

* See Observations on the Nature and Cure of the Diseases of the East and West Indies, by Thomas Clarke, Surgeon.

In dysentery, when the abdomen is hard, tense, and painful to the touch, and the gripings are frequent and severe, the application of flannels, wrung out in a warm decoction of chamomile-flowers and poppy-heads, with a small addition of camphorated spirits, to the part, may afford considerable relief: but should fomentations not procure the desired effect, a blister ought to be put on. Most cases of dysentery, and particularly during the acute stages of the disease, may be relieved by immersing the patient in a warm bath of a moderate temperature, and keeping him in it for some time. Perhaps rubbing the abdomen with some warm and stimulating embrocation,* on his being taken out of the bath, might increase its effect.

To defend the inner coat of the intestines from the acrimony of its contents, and to counteract the vain attempts at evacuation, it will be necessary to give something to be discharged. Here then we should not only administer mucilaginous substances, such as solutions of gum acacia in milk, preparations of barley, rice, arrowroot, &c.† by the mouth; but we should likewise inject a clyster of a similar nature‡ three or four times in the course of the day. All vain attempts to go to stool, as also all violent strainings in evacuating the contents of the bowels, ought carefully to be avoided by the patient throughout the disease; for if obedience be paid to every seeming call of nature, the straining which ensues will be highly detrimental, as little or nothing, except mucus and blood, comes away in four out of five efforts.

If the fundament becomes inflamed or excoriated, the parts should be anointed with a little soft pomatum or prepared lard, after each evacuation.

In the cure of Indian dysentery, mercury is the remedy now

* Take Soap Liniment, one ounce and a half.

Tincture of Opium, half an ounce.

Oil of Rosemary, one drachm.

Mix them for an embrocation.

† Take Gum Acacia, two ounces. Dissolve it in

Barley Water, two pints, and add

Syrup of Orange Peel, two ounces.

The patient may take this for ordinary drink.

Or, Take Mixture of Burnt Hartshorn, one pint daily.

‡ Take Decoction of Starch, five ounces.

Olive Oil, half an ounce.

Add occasionally

Tincture of Opium, half a drachm to one drachm.

Mix them for a clyster.

much relied on, but it is to be employed in an early stage of the disease. The plan recommended is, to give the hydrargyri submuriæ in a considerable dose night and morning without interruption, accompanied by a mercurial friction of the abdomen until the mouth becomes sore. If diarrhœa ensues, this symptom is not to be interfered with, but rather encouraged by an occasional purgative of the sulphate of soda or rhubarb. I am much inclined to doubt, however, whether mercury so employed as to produce salivation will be found useful, or even innocent, in the cure of real dysentery. Indeed I should think it could not fail, in many instances, to prove hurtful, and particularly in the doses which are mentioned. When given, it probably might be found best to combine it with ipecacuanha, as, for instance, half a grain of calomel with one of ipecacuanha every two hours, until the gums are affected, or we may administer it combined with antimonial powder and opium.

In the inflammatory variety of dysentery, the necessity of previous bleeding and purging to the employment of mercury, with the view of producing ptyalism, must be obvious to every practitioner.

Where there exists a disease of the liver, or any diseased action of the biliary system in dysentery, mercury has certainly been found highly useful; and it is from its singular utility in this combination of disease, that the practice has become in warm climates so general of treating it, in all its stages, by this remedy; a treatment, however, which must in many cases be improper. The connexion between dysentery and the deranged functions of the skin and liver has been illustrated by Dr. Johnson, who is a great advocate for scruple doses of hydrargyri submuriæ, combined with small portions of opium. We are also told by a modern writer* that a proper combination of these two medicines has a surprising effect in restoring the natural balance of the vascular system, and in promoting the free secretion of bile. He says, that when it fails in acting forcibly on the skin in dysentery, small doses of the pulvis antimonialis and camphor may perhaps be added with advantage, the warm bath being occasionally used at the same time, to equalize the circulation.

There are some grounds for presuming that the disease which

* See Practical Illustrations of Typhus and other Febrile Diseases, by J. Armstrong, M. D.

the authors here quoted* have called the dysentery of India, is in its nature, symptomis, and causes, and likewise in its method of treatment, very different from that which is described under this name in other countries; that it differs in nothing from the bilious fluxes so commonly to be met with there, and arises from an affection of the liver; for they describe the stools as being copious and liquid, frequently bilious, and seldom or never as containing scybala—symptoms by no means characteristic of true dysentery.

The singularity in the appearance of the fæces (as seldom passing by the anus in the form of scybala, but, whether by the action of medicine or otherwise, being generally loose and liquid) has not been passed by unobserved by Sir James M'Gregor, Mr. Banfield,† and others, and it has been conjectured that this peculiarity in tropical dysentery arises probably from the intestinal secretions being considerably increased in consequence of climate, the secretions in such temperatures being more thin and acrid than in the climates of Europe, and hence scybala are easily broken down and amalgamated with the more fluid matter, in their passage along the intestinal canal to the rectum.

In the secondary attacks of Indian dysentery, where the relaxed and weakened state of the bowels seemed to keep up the disease, the nitric acid, in the quantity of about two drachms in the day, in barley-water, has proved an useful adjunct in the cure, and has been found to diffuse an agreeable sensation of warmth through the whole line of the alimentary canal. On leaving off the use of this medicine, an infusion of quassia, columbo, or cascarrilla, may be administered till the stomach and bowels have recovered their vigour and proper tone.

At the commencement of dysentery it would be improper to employ either opiates or astringents; but in the second stage, where the patient's strength is exhausted by frequent returns of the complaint, proceeding rather from a weak relaxed state of the bowels than from any remains of malignancy, a use of these remedies will prove both proper and beneficial, taking care to obviate costiveness, and evacuate the contents of the intestines from time to time, by administering a few grains of rhubarb, or some such gentle laxative.

* See M'Gregor's Medical Sketches; Clarke on the Diseases of Warm Climates; Milne's Account of the Diseases that prevailed during two Voyages to the East Indies; and Essay on the Influence of Tropical Climates on European Constitutions, by J. Johnson, M. D.

† See his Practical Treatise on Tropical Dysentery.

In this stage of the disease, should the patient's rest be much disturbed throughout the course of the night, from the frequency of the motions, we may direct an opiate* to be taken at bed-time.

The *hyoscyamus* (henbane,) by its anodyne and gentle laxative qualities, seems a medicine well adapted to this disease, and may be tried when we cannot venture on opium.

In chronic and habitual fluxes, which are complaints frequent with those who have suffered much sickness in tropical climates, it is seldom, indeed, that relief can be obtained without the aid of opium, and it is often found necessary to add it to all the other medicines we administer. Opiates, especially those of the warmer kind, such as the *confectio opii*, &c. are as valuable in these cases as the bark of *cinchona* is in intermittents.

When the bowels have been effectually relieved, it often happens, after the disease has continued for some time, from the tender state of the rectum, that a severe and troublesome tenesmus remains. Under such circumstances, or in the advanced stage of the disease, soothing and anodyne clysters are much used by professional men; but in some instances the irritation produced by introducing the pipe more than counterbalances the soothing effects of the injections. As a commodious substitute for anodyne clysters, we may therefore direct the patient to insinuate into the anus a pill of about two grains of opium, previously somewhat softened betwixt the fingers. We may also cause warm fomentations to be applied to the parts, and a bladder filled with hot water to the hypogastric region. These will be likely to afford great relief to the patient.

We are told that opium, combined with the nitric acid, agreeable to the prescription† here advised, has, on various trials, been found to have been attended with the best effects in the advanced stage of dysentery, when all other remedies have proved ineffectual.

* Take *Cinnamon Water*, six drachms.

Spirit of Pimenta, half an ounce.

Syrup of Ginger, one drachm.

Tincture of Opium, forty drops.

Mix them as a draught.

Or, Take *Opium*, one grain to two grains.

Antimonial Powder, one grain.

Aromatic Confection, a sufficiency to form a pill.

† Take *Nitric Acid*, two drachms.

Tincture of opium, forty-five drops.

Pure Water, three ounces.

Mix them, and take about a tea-spoonful three or four times a day.

fectual, and even in cases where death seemed almost inevitable.*

The astringents best adapted for the cure of a dysentery, are the different preparations of catechu, gum kino, logwood, &c. which may be given as below,† the patient at the same time taking Port wine properly diluted with water for his ordinary drink. Lime-water mixed within an equal proportion of milk has been much recommended as a useful remedy in the latter stage of the disease. During my residence in the West Indies I was in the habit of recommending a strong decoction of logwood, with the barks of pomegranate-fruit, and the cushew cherry-tree, or anacardium, as an astringent drink, from which my patients seldom failed to experience a good effect.

In the advanced and chronic stage of the disease, as acidity at the stomach is apt to prevail, absorbents, such as the *mistura cretæ*, *pulvis cretæ compositus*, *liquor calcis*, &c. combined with opiates, will be useful.—See **DYSPEPSIA** for formulæ of these medicines.

Where there exists an extreme degree of atony, and a frequent discharge of faeces without pain, small doses of *zinci sulphas* combined with opium have proved of singular utility in many instances.

The impaired tone of the intestines is likewise to be restored

* See Observations on the Effects of Nitric Acid and Opium in the Cure of Dysentery, in vol. iii. p. 413, of the Medical and Physical Journal.

† Take Extract of Logwood, one drachm.

Chalk Mixture, four ounces.

Tincture of Catechu, two drachms.

Spirit of Nutmeg, one ounce.

Of this mixture, take two table-spoonfuls every four hours.

Or, Take Aromatic Confection, one drachm.

Cinnamon Water, five ounces.

Spirit of Pimenta, one ounce.

Tincture of Kino, two drachms.

This mixture may be taken as the former, adding occasionally to each dose,

Tincture of Opium, fifteen drops.

Or, Take Opium Confection, ten grains.

Cinnamon Water, one ounce and a half.

Tincture of Catechu, one drachm and a half.

Mix them, and take this draught every four hours.

Or, Take Electuary of Catechu, fifteen grains.

Pimenta Water, one ounce and a half.

Tincture of Kino, one drachm.

Opium, fifteen drops,

Mix them for a draught.

by a use of tonics and bitters,* together with a light nutritive diet and moderate exercise. The application of cold water to the abdomen, and particularly to the lower parts of it, by means of cloths or sponges; or the immersion of the lower part of the trunk in a tub of water, may probably prove a good auxiliary mean.

The fever accompanying this disease sometimes appears under an intermittent or remittent form, and is protracted much longer than it otherwise would have been, in consequence of its being so complicated. In such cases its treatment is to be regulated as directed under these heads, by a use of the bark of cinchona, &c.

In those instances where a dusky sallow hue of the countenance, tenderness upon pressure over the region of the liver, and a clayey appearance in the fæces which happen occasionally to be voided, manifest the presence of a diseased or obstructed state of the liver; we should resort to mercury, pushing it to such an extent as to keep up a gentle affection of the mouth until the symptoms are mitigated: We may give the nitric acid at the same time.

In the first stage of dysentery, a use of ripe fruits will be proper; but in a more advanced period, where any morbid acidity seems to prevail in the stomach, they should not be recommended.

* Take Simarouba Bark, bruised,
Cascarilla Bark, of each half an ounce.
Boil them in a pint of water until reduced to eight ounces, strain off the liquor, and add—
Spirit of Cinnamon, two ounces.
Tincture of Opium, forty-five drops.

Mix them, and let the dose be three table-spoonfuls every four hours.
Or, Take Infusion of Augustura Bark, six ounces.

Tincture of Columbo, one ounce.
____ Catechu, two drachms.

Nitric Acid, one drachm.

Of this mixture the dose may be three table-spoonfuls thrice a day.
Or, Take Decoction of Peruvian Bark, one ounce and a half.

Tincture of Columbo,
____ Orange Peel, of each one drachm and a half,
____ Kino, forty drops.

Mix them for a draught, to be taken three or four times a day.
Or, Take extract of Gentian,

____ Logwood, of each one drachm.

Sulphate of Iron,
Gum Myrrh, of each half a drachm.

Syrup of Ginger, a sufficiency to form the mass, which is to be divided into forty pills, and of these three are to be taken morning, noon, and night, washing them down with about two ounces of a decoction of Simarouba Bark, or an infusion of Cascarilla.

Every sort of food which readily tends to putrefaction ought carefully to be avoided throughout the whole course of the disorder, as also all kinds of fermented and spirituous liquors, supporting the patient's strength with preparations of barley, rice, sago, flour, panado, Indian arrow-root boiled in milk, occasionally varied for gelatinous broths. During the state of convalescence, Port wine or Madeira, or even a moderate quantity of brandy, properly diluted with water, may be allowed.

Persons recovering from a dysentery, should observe the greatest caution and regularity in their mode of living, and they should go warmly clothed, by wearing flannel next the skin, as the disease is very liable to relapse from any fresh exposure to cold, wet, damp night air, or sudden atmospherical vicissitudes.

The importance of warm clothing, both in the prevention and cure of bowel complaints, is too obvious to require my saying much on the subject; I will therefore only observe, that warmth ought not to be a secondary object; on the contrary, it ought to be the first; for if a patient only wears his ordinary clothing, he will receive comparatively little benefit from any medicine. A waistcoat of flannel or fleecy hose next to the skin, ought always to be worn, as likewise sliders of the same; and these should be laid aside with caution, and by slow degrees. The writer* of a small tract on dysentery, lays much stress on swathing the abdomen with flannel bandages, as being the best mode of confining a certain degree of heat over that part of the body which is the seat of the disease; and this practice is reported by Sir James M'Gregor† to have been found very serviceable in many cases, both as affording an equal support, and keeping up a due degree of warmth on the surface of the abdomen.

Vermes, or Worms.

THE human body is infested by three kinds of worms, viz. the ascarides, or small white worm; the teres, or round worm; and the tænia, or tape worm, which is flat, consists of many joints, and is usually of a considerable length. The last is, however, more rarely met with in this country than the others; but in

* See H. Dewar's *Observations on Diarrhoea and Dysentery, as those Diseases appeared in the British Army during the Campaign in Egypt in 1801*

† See *Medico-Chirurgical Observations*, vol. vi. p. 433.

Germany and Switzerland, the inhabitants are much troubled with it. Different situations of the intestines have been mentioned as being occupied by each kind, particularly the rectum as the seat of the ascarides, where they are observed always involved in mucus; the teres occupy the small intestines, and sometimes the stomach; the tænia the whole intestinal tube, more especially the ilium.

Unwholesome food, with a bad digestion, seems to be the principal cause of worms. They appear most frequently in those of a relaxed habit, and whose bowels contain a preternatural quantity of mucus or slimy matter. Hence it is a disease most common to children; but they sometimes prevail in adults to a very high degree, particularly in those who live chiefly on a vegetable diet. The tape worm is not often met with in infancy or childhood; instances of it do, however, now and then occur.

Worms may readily be distinguished by the following symptoms, viz. variable appetite, fetid breath, acid eructations, and pains in the stomach, grinding of the teeth during sleep, picking of the nose, paleness of countenance, hardness and fulness of the belly, slimy stools, with occasional gripping pains, more particularly about the navel, heat and itching about the anus, short dry cough, emaciation of the body, slow fever, with evening exacerbations, and irregular pulse, and sometimes convulsive fits.

It is often a very difficult matter to expel worms from the body, but more especially the tænia. When they prove fatal, it is by their erosion of particular parts, and their inducing a tabid state.

In the cure of this disease we must have in view, first, the effecting the destruction and discharge of the worms; and, secondly, the preventing their future generation.

The first of these is to be accomplished by certain remedies known by the name of vermifuges, which all act in one of the three following ways:—

1st. By simple evacuation or purging, as mercury, rhubarb, jalap, and aloes; as also the different strong bitters, as rue, tansy, and wormwood.

2dly. Mechanically, as the pulvis stanni, cowslage, &c., or,

3dly. Chemically, as lime-water, which loosens their adhesion to the intestines by dissolving the mucus in which they are involved.

We may begin with those which act mechanically,* and which

* Take Filings of Tin,

Cassia Confection, of each half an ounce.

have been found the most powerful; and after continuing them for two or three days we may have recourse to those which have a purgative effect,* changing both after a continuance of some time for those which act chemically.† Along with those which act mechanically it will be proper to employ some kind of bitter infusion.‡

If these means prove ineffectual, we may then make use of the Indian pink root, or spigelia, which has on many occasions been found a very powerful medicine. About ten grains of the powder may be given morning and night to a child of eight or ten years old, to which age the doses of the preceding remedies are adapted. The spigelia is without doubt a poisonous and narcotic vegetable, and it is in all probability by virtue of this poisonous quality that it proves so beneficial in cases of worms.

By a proper use of stizolobium or cowhage, (the dolichos pruriens of Linnæus,) with the submuriate of mercury combined with jalap; or the oleum ricini every third or fourth morning as a purgative, we seldom, however, shall have occasion to seek relief from any other medicine, as in several hundred cases where

Syrup, a sufficiency.

Mix them. Of this electuary the bulk of a nutmeg may be taken twice a day.

Or, Take the Down of Cowhage, six grains to ten.

Filings of Tin, ten grains.

Mix them. This is to be taken night and morning, mixed with a little syrup or honey.

Or, Take the Down of Cowhage, six to ten grains.

Honey or Treacle, a sufficiency to form a bolus, which is to be given twice a day.

Or, Take Down of Cowhage, one drachm.

Common Syrup, a sufficiency.

Form an electuary, of which take a tea-spoonful every morning for three days on an empty stomach.

* Take Submuriate of Mercury, three to five grains.

Powdered Rhubarb, ten grains.

Mix them. This purgative powder is to be taken on the fourth morning after any of the preceding vermifuge medicines.

Or, Take Powder of Jalap, ten grains.

Submuriate of Mercury, three grains.

Mix them for a cathartic.

Or, Take Castor Oil, half an ounce to one ounce for a dose.

† Take of Lime Water, half a pint in the day.

‡ Take Gentian Root, bruised,

Wormwood Leaves,

Rue Leaves,

Lemon Peel, of each two drachms.

Wax n water, one pint.

Infuse them for an hour, and then strain off the liquor. Of this infusion three table-spoonfuls may be taken twice or thrice a day.

I had used it, during my practice in the West Indies, I never knew it once to fail. It appears to have been but very lately introduced into this country, which, considering its wonderful vermifuge power, is somewhat surprising.

The stizolobium or dolichos is a plant like the vine, long, slender, and creeping. The leaves are thin, pointed, and covered with a down. The flowers grow in clusters, and are followed by a pod, somewhat similar to the common pea in shape and size, and containing several purple beans. The pods are thickly covered by very fine stiff pointed hairs, which, upon being applied to the skin, produce an intolerable itching, and it is only this downy portion of the plant that is employed to destroy worms.

A decoction of the *Geoffræa inermis*, or cabbage bark, is another remedy much used in the West Indies, but more particularly in Jamaica, for destroying worms, and often with a very happy effect.

For the destruction of ascarides it is very usual to throw up injections into the rectum that will prove obnoxious, and thereby dislodge them. Any of those recommended below* may be tried.

Turpentine has been used also with success in the form of clyster. About two drachms of it, blended with a decoction of oatmeal, may be thrown up at a time.

An injection of the down or hairy part of the stizolobium, mixed in a little thin gruel, might possibly have a very good effect. Dr. Darwin has proposed the introduction of a piece of candle up the rectum well smeared with mercurial ointment, as a likely method to destroy ascarides.

A peculiar mode of employing tobacco in cases of worms has

* Take Lime Water of a tepid warmth; ten ounces for an injection.

Or, Take Rue Leaves,

Wormwood Leaves, of each half an ounce.

Boil them in a pint of water until reduced to ten ounces, strain off the liquor, and add

Castor Oil, half an ounce.

Mix them for a clyster.

Or, Take Down of Cowhage, ten grains.

Thin Gruel, six ounces.

Mix them for a clyster.

Or, Take Common Aloes, one drachm.

Thin Gruel, ten ounces.

Mix them for a clyster.

Or, Take Tobacco Leaves, from one scruple to half a drachm.

Warm Water, ten ounces.

Infuse them for half an hour, and then strain off the liquor for a clyster.

been recommended by Dr. Barton,* and which we are informed by him has in many instances produced very happy effects. The leaves are pounded with vinegar, and applied in the shape of a poultice to the region of the stomach or abdomen. "In consequence of this application, worms are often discharged," he mentions, "after powerful anthelmintics have in vain been administered internally." A similar practice I know is adopted in the West Indies, where it is usual to apply a cataplasm of the expressed juice of the aloe-tree to the abdominal region, for the purpose of dislodging worms, and I have observed that in many cases the remedy seemed to prove a powerful auxiliary to other means. Its efficacy has extended however only to cases of the round worm.

The male fern, or *filix mas*, which forms the basis of Madame Noufler's celebrated remedy, is a medicine which has been much extolled for its destructive powers to the tape-worm, which, of all others, proves the most difficult to expel from the body. The dose for an adult is from one to two drachms. After two doses, it will be right to give a purge of the submuriate of mercury and jalap, in about the proportion of five grains of the former to five-and-twenty of the latter.

The common spirit of turpentine, it appears,† has recently been administered with a very good effect in some cases of tape-worm, having caused many feet in length of the animal to be brought away, or expelled.

For a delicate female, the proper dose will be an ounce; for a robust female or small man, an ounce and a half; and for a robust man, two ounces. The best vehicle for it appears to be milk. It should be taken early in the morning on an empty stomach. Purging will be produced by it, and this speedily. When the dose is considerable, it may be advisable to direct the patient to drink plentifully of emollient liquors with the view of sheathing the stomach and kidneys.

The pomegranate root has been found a very effectual remedy‡ for destroying the tape-worm.

Sulphureous waters, such as those of Harrowgate, in this country, and of the islands of Jamaica and Nevis, in the West

* Reported in vol. viii. page 428, of the *Medical and Physical Journal*.

† Reported in No. 131 and 132 of the *Medical and Physical Journal*.

—See *Transactions of the London Medical Society*, vol. i.

‡ See *Edinburgh Medical Journal* for January 1807.

Indies, have been found, when drunk upon the spot, to be very good anthelmintics.

Harrowgate water is a safe and powerful remedy against the round worm and ascarides, when taken in such a dose as to prove a brisk purgative ; and in the latter case, when used likewise as a clyster, the ascarides being chiefly confined to the rectum, and therefore within reach of this form of medicine.

Common salt was administered by Dr. Rush as an anthelmintic remedy, with some success ; and by some other physicians it has been thought to possess a power destructive to worms. Those who do not make use of it with their food, have been observed to be much predisposed to these vermin.

Such as are afflicted with worms should abstain from all crude vegetables and unripe fruits, making their diet consist chiefly of animal food that is light, nutritive, and easy of digestion.

After a proper course of the vermifuge medicines which have been advised, we should employ such others as have a tendency to strengthen the stomach and intestines, in order to prevent any worm from being generated in future ; a relaxation of these parts being a constant attendant on the disease. The most proper tonics are the cinchona bark, astringent bitters, and chalybeates ; various forms of which will be found under the head of Dyspepsia.

Of Suspended Animation and Resuscitation.

IN consequence of drowning, or a long exposure to the action of severe cold, and also of suffocation and strangulation, a considerable check is often given to the principle of life, without wholly extinguishing it. When it happens from the first of these causes, the circulation becomes gradually more feeble and slow, and much anxiety is felt about the praecordia ; to relieve which the person attempts to rise to the surface of the water ; he then discharges a quantity of air from the lungs, and receives into them a very small portion of water, when he again sinks. After struggling in this manner for some short time, convulsive spasms arise, the organs of respiration cease to act, and he at last expires ; soon after which the skin becomes of a purple or blue cast, particularly about the face and neck, and the body sinks.

It has been supposed, and the opinion is indeed still very general among the common people, that in the act of drowning the

water enters the lungs and completely fills them. Experience, however, has shown, that unless the body lies so long in the water as to have its living principle entirely destroyed, the quantity of fluid present in the lungs is inconsiderable; for upon drowning kittens, puppies, &c. in ink, or other coloured liquors, and afterwards examining these viscera, it has been observed that very little of the coloured liquor has gained admittance to them. The circumstance may readily be accounted for by recollecting, that the muscles which form the opening into the trachea are exquisitely sensible, and contract violently upon the least irritation, as we frequently experience when any part of the food or drink happens to come in contact with them.

In those cases where a person has been long exposed to the action of cold in a severe degree, and is suffering from great numbness, and a sort of intoxication, he is apt to fall quickly asleep, and becomes quite insensible. Occasionally he comes to himself without assistance, but more frequently he falls a sacrifice.

When a person dies from suffocation, the symptoms are nearly the same as in apoplexy.—See Aerial Poisons.

The phenomena which attend on strangulation are, convulsive paroxysms, superadded to the apoplectic symptoms.

Livid and dark-brown spots on the face, with great rigidity and coldness of the body, a glassy appearance of the eyes, and a flaccid state of the skin, denote a perfect extinction of life: but the only certain sign is actual putrefaction; and therefore in every case where this symptom is not present, and where we are unacquainted with the length of time the body may have been under water, every possible means should be employed immediately upon its being found for restoring it to life, as the noble machine may be stopped, and the spring nevertheless still retain, in some degree, its elastic vigour.

Dissections of those who have died by drowning, show that an accumulation of blood in the venous system forms the great morbid change which takes place in accidents of this nature. The lungs are in a state of collapse, and the accumulation of blood is confined to the vena cava, the heart, and the parts of the venous system. In some cases the stomach is found to contain a small quantity of water; in others, none is to be perceived. From the muscles of the trachea having lost the principle of life, upon which the power of muscular contraction depends, they become relaxed, the water enters the wind-pipe. In all instances, the

external surface of the brain appears of a highly florid colour, without any great distention of vessels, or marks of effusion. It has been supposed, however, by many, that persons who die by drowning, suffer from the intervention of apoplexy. After a recovery from apoplexy, the person is generally paralytic, whereas no such event follows the recovery from a suspension of life by drowning. In both hanging and drowning, the proximate cause appears to be the stoppage of air to the lungs, which the following experiment, made some years ago by an eminent medical professor at Edinburgh, clearly confirms. A dog was suspended by the neck with a cord, an opening having been previously made in the wind-pipe below the place where the cord was applied, so as to admit air into the lungs. In this state he was allowed to hang three quarters of an hour, during which time the circulation and breathing went on. He was then cut down, without appearing to have suffered much from the experiment. The cord was now shifted below the opening into the wind-pipe, so as to prevent the ingress of air to the lungs; and the animal being again suspended, he was completely dead in a few minutes.

The appearances exhibited on dissection, in cases of strangulation and suffocation, are pretty similar to those in drowning, except the absence of water in the lungs and stomach: and that in these instances there is always a greater turgescence in the vessels of the pia mater.

The following are the means to be employed for the recovery of persons recently drowned.

As soon as the body is taken out of the water, it is to be speedily conveyed in men's arms, or placed upon a door, or in a cart upon straw, if the distance is considerable, to the nearest house, where it is quickly to be stripped of the wet clothes; to be wiped perfectly dry; and then to be laid between warm blankets, spread upon a mattress or a low table, and on the right side in preference to the left, in order that the passage of the blood from the heart may be favoured by the position. The head is at the same time to be covered with a woollen cap, being properly elevated with pillows, and bags filled with warm sand, or bricks heated and wrapped in flannel, are to be applied to the feet. The doors and windows of the apartment are to be thrown open, in order that the cool air may be freely admitted, and no persons but such as are necessary to give due assistance, should be allowed to enter it.

Having taken these steps, we should next endeavour to expand the lungs, and make them, if possible, reassume their office. When not furnished with a flexible tube made of elastic gum, and of a sufficient length, or with the bellows invented by Mr. Hunter for this express purpose (which is of such a construction, that, by one action, fresh air is thrown into the lungs, and by another it is thrown out again, so as to imitate or produce artificial breathing,) we must be content with blowing in air, by means of a common pair: or by inserting a pipe into one nostril, compressing the other, shutting the person's mouth at the same time, and then blowing through the pipe with a considerable degree of force. By any of these means we may be able to inflate the lungs.

At the same time that the lungs are inflated, we should rub every part of the body with warm flannel cloths. On all occasions it will be the best way to divide the assistants into two sets; the one being employed in endeavouring to restore the heat of the body; the other, in instituting an artificial breathing in the manner just pointed out. Should the frictions not be attended with any effect, we ought to apply flannel cloths, wrung out in very hot water, over the heart and thorax, or we may put the person into a warm bath. A high degree of heat will not be necessary; a moderate degree will be sufficient. If the weather be under the freezing point, and the body, when stripped, feel cold, and nearly in the same condition with one that is frozen, it will be necessary at first to rub it well with snow, or wash it with cold water; the sudden application of heat in such cases having been found very pernicious. In a short time, however, warmth must be gradually applied.

To assist in rousing the vital principle, it has been customary to apply various stimulating matters, such as common salt, and rectified, and also volatile spirits, to different parts of the body; but as the skin loses its sensibility in proportion as it is deprived of heat, and does not recover it again until the natural degree of warmth be restored, it is obvious that previous to the restoration of heat, all such applications are useless. Rectified spirits evaporate fast, and thereby, instead of increasing warmth, as they are expected to do, carry off a part of the heat from the body. Volatile spirits are liable to the same objections, and are, besides, distressing to the eyes of the assistants. Common salt quickly frets the skin, and has, in some cases, produced sores which were difficult to heal after recovery. When there is reason to think the skin has, in some degree, recovered its sensi-

bility, the wrists, ankles, temples, and parts over the stomach and heart, may be rubbed with a little of the linimentum ammoniæ subcarbonatis, which will evaporate but slowly, and produce no cold in being rubbed in. In cases of suspended animation, it has likewise been usual to stimulate the stomach and intestines; the former by means of some moderately warm liquor, such as negus highly spiced, introduced into the organ through a flexible tube, and the latter by means of injections.

Some time ago it was the practice to employ the smoke of tobacco; but this, instead of answering our wishes, would prove injurious, by further depressing the vital principle. Instead of it, we may recommend a clyster, consisting of a pint or more of water, moderately warmed, to which may be added a little volatile spirit, essence of peppermint, or rectified spirit.

Electricity is sometimes had recourse to, in order to promote a restoration of life; unless employed by insulation alone, it will, however, be more likely to do harm than good. The body may be completely insulated, by placing it on a door, supported by a number of quart bottles, whose sides are previously wiped with a dry towel to remove any moisture they may have contracted. Moderate shocks are found to answer best, and these may, at intervals, be passed through the chest in different directions. They may likewise be sent through the limbs, and along the spine; but it is doubtful how far it is safe to pass them through the brain, as many have recommended.

From some late experiments made by Professor Aldini, of the University of Bologna, on the body of a malefactor, who was executed for murder in London, it would appear that galvanism, as an auxiliary, promises great advantage to the interests of humanity, in cases of apparent death by drowning, and others of asphyxia. Before dissection, the corpse was made to exhibit very powerful muscular contractions, and these continued for upwards of seven hours. On the first application of galvanism to the face, the jaw of the deceased criminal began to quiver, and the adjoining muscles were horribly contorted, and one eye was actually opened. In the subsequent part of the process, the right hand was raised and clenched, and the legs and thighs were set in motion. We are further told, that it appeared to the uninformed part of the by-standers, as if the wretched man was about to be restored to life.

The mode recommended by M. Aldini for the employment of galvanism, as a mean of restoring suspended animation, is as fol-

lows. He immerses the hand in a solution of muriate of soda, and establishes an arc, one of the extremities of which is made to pass round the fore-arm, while the other is brought in contact with the bottom of the pile. He adapts to the extremity of another arc an elastic probe, which is applied to one of the ears, moistened by means of a syringe with the same solution, and connects the other extremity of the arc with the summit of the pile.

Bleeding is a remedy which is sometimes employed in cases of a suspension of the vital powers from drowning. Where stupor, headache, &c., remain after the person has come to himself, it certainly will be advisable to draw off some blood, and possibly the best way of doing it will be by the application of leeches to the temples; but where these symptoms do not prevail, or before the natural heat is restored to the body, bleeding in any manner will be more likely to do harm than good, by hazarding the entire destruction of those feeble powers which yet remain, to increase and support which our best endeavours should be directed.

Hanging the patient by the heels, as is sometimes adopted by the ignorant, in cases of suspended animation from drowning, under the mistaken principle that this is induced by the water taken into the stomach and lungs, or both, is a most dangerous practice, calculated only to extinguish the spark of life, if any remained, and consequently to exclude every hope of recovery.

The means which have been advised are diligently to be persevered in for a considerable time, and the case by no means to be given up as irretrievably lost until at least after the expiration of four or five hours' trial, as recoveries have been effected to this extent.

When the patient is so far recovered as to be able to swallow, he should be put into a warm bed, with his head and shoulders properly elevated with pillows. Warm wine whey, or any other light and nourishing drink, should now be given in moderate quantities at a time, and a gentle diaphoresis promoted by wrapping the feet and legs in flannels well wrung out of hot water. If the stomach and bowels feel distended and uneasy, a clyster composed of a pint of warm water, with about an ounce of purgative salt dissolved in it, and a little oil, may be administered. The general practice in this case is, to give an emetic; but from the powers of the machine being still very weak, the agitation of vomiting would appear somewhat hazardous. The patient should on no account be left alone, until the senses are perfectly restor-

ed, and he is able to assist himself, some persons having relapsed and been lost, from the want of proper attention to them, after the vital functions were, to all appearance, tolerably established.

In cases where life is suspended by hanging, the same means recommended for drowned persons are to be pursued, with the addition of opening the jugular veins, or applying cupping-glasses to the neck, which will tend considerably to facilitate the restoration of life, by lessening the quantity of blood contained in the vessels of the head, and thereby taking off the pressure from the brain. Except in persons of a full plethoric habit, the quantity drawn off need seldom exceed an ordinary tea-cupful, which will in general be sufficient to unload the vessels of the head, without weakening the powers of life.

The method of treatment to be adopted in cases of general torpor from an exposure to a severe degree of cold, should be as follows :

The person should be removed with all speed to a convenient place where the necessary aid can be given. If the body is naked, it should be covered, having the head and face bare. If snow can be got, the body may be rubbed at first with it gently from the stomach to the extremities. In a few minutes afterwards the frictions may be made with cloths steeped in cold water, the temperature of which is to be increased, so as to heat the body gradually and by slow degrees. The face may at the same time be sprinkled with water, the lips and nostrils be irritated with a feather and volatile alkali, or some such stimulant. As soon as the body is restored to some degree of warmth, and the limbs become somewhat flexible, the person should be placed in a dry but not warmed bed, and be well rubbed with flannels or a brush : his lungs may also be inflated, and an irritating clyster (composed of a pint of water with an addition of a spoonful of spirit of harts-horn with a little mustard, or a little rum, brandy, or gin, added instead of these) be administered from time to time.

When the power of swallowing is restored, we should give the person some warm and gently stimulating drink, such as thin broth with a little brandy in it, or water with some wine, which may be administered by a spoonful at a time.

While the body is cold, and the circulation and the respiration are languid, I think blood-letting would be improper. If, however, after these functions and the natural temperature are restored, the patient should remain any time in a comatose state,

with a strong full pulse, the propriety and necessity of venesection can hardly be doubted.

Before I close this subject, I think it proper to observe, that in all cases of drowning as well as in every other instance where death appears to be the consequence of apoplexy, syncope, lethargy, hysteria, or asphyxia, &c. we should be cautious in not allowing the body to be interred until evident signs of decomposition or putrefaction are apparent: as the suspension of respiration, rigidity of the limbs, abolition of sensation and motion, the want of pulsation in the heart and arteries, coldness of the body, and the collapse, opacity, and want of lustre in the eyes, are but equivocal symptoms of death, and ought not therefore to be relied on alone.

Frost-bitten.

IF a person has exposed his hands and feet to a very severe cold, the excitability of these parts will be so much accumulated, that if they are brought suddenly near a fire, a violent inflammation and even a mortification may take place, which has indeed often happened; or, at any rate, that inflammation called chilbain, will be produced from the violent action of the heat upon those parts; but if a person, so circumstanced, were to put his hands and feet into cold water, very little warmer than the atmosphere to which he had been exposed, or rub them with snow, which is not often colder than 33 degrees, the morbid excitability will gradually be exhausted, and no bad consequences will ensue. When the hands, feet, nose, or any other part of the body, have therefore been exposed to violent cold, so as to be frost-bitten, they ought at first either to be well rubbed with snow or be put in cold water, and afterwards be subjected to warmth in the most gentle and gradual manner.

The Diseases of Pregnancy.

THREE different stages evidently exist during a state of pregnancy, each of which has a distinct set of symptoms; and when we reflect on the alteration which the constitution suffers in consequence of impregnation, and the vast distention and dislodgment of the uterus which prevail at a more advanced period, we

cannot be surprised at the many complaints and irregularities which then arise.

The first stage of pregnancy is usually accompanied with a suppression of the menses, together with frequent nausea and vomiting, heart-burn, indigestion, peculiar longings, headach, giddiness, toothach, and sometimes a slight cough; the breasts become enlarged, shooting pains extend through them, and the circle round the nipple alters to a dark brown colour. There often occurs likewise a feverish disposition, with debility, emaciation, irritability, and peevishness of temper, and a total alteration of the countenance, every feature of which becomes much sharpened. Some women breed so easily as to experience hardly any kind of inconvenience whatever: whilst others again are perfectly incapable of retaining the least thing on their stomach, and are thereby reduced to a state of extreme weakness.

With some women the vomiting will continue during the whole or greater part of the second stage of pregnancy, as well as the first; but this does not usually happen. Partial suppressions of urine with a frequent inclination to void it; itching about the external parts of generation, costiveness, tenesmus, and the piles, are what they are chiefly incommoded by during this period. Most women quicken about the sixteenth week after conception, at which time the mother becomes sensible of the slightest efforts of the child; and besides the complaints just enumerated, she will then be liable to sudden faintings, and slight hysterical affections.

According to the common received opinion, quickening, so termed, has been generally understood to commence at the time when particular sensations are perceived by the mother, supposed to be occasioned by the first motion of the child. The most usual time of feeling any such symptoms is about the latter end of the fourth or beginning of the fifth month of pregnancy: at this period the uterus filling up the pelvis, slips out and rises above the rim; and from that sudden transition, women of a delicate constitution and irritable fibre, are apt to faint, more particularly so if in an erect position.*

During the last three months, or third stage of pregnancy, general uneasiness, restlessness, (particularly by night,) costiveness, œdematos swellings of the feet, ankles, and private parts, cramps in the legs and thighs, difficulty of retaining the urine for

* See *Obstetric Studies*, by Mr. James Hogben.

any length of time, varicose swellings of the veins of the belly and lower extremities, and the piles, are the affections which usually prove most troublesome. In weak delicate women, of an irritable habit, convulsive fits sometimes arise, which are ever to be regarded in a dangerous light.

Nausea and vomiting.—It has been observed, that frequent nausea and vomiting are apt to prove somewhat troublesome to pregnant women, and in many cases to reduce them to a state of very great debility. As these most frequently arise immediately upon first getting out of bed in the morning, the patient should be recommended, under such circumstances, never to rise until she has taken either a dish of tea, coffee, or whatever else she has usually accustomed herself to for breakfast.

If the vomiting should become at any time so severe as to threaten the bringing on a miscarriage from the violence of straining, it may then be advisable to direct two or three table-spoonfuls of the saline medicine to be taken every now and then in such a manner as that the effervescence shall ensue after it is swallowed; besides which, the patient's body should be kept open with some gentle laxative. If these means do not succeed, we may order about six ounces of blood to be drawn from the arm, and which, if necessary, may be repeated in a week's time. The sickness in such cases depends on irritation, and is only to be removed with certainty by bleeding.

Local applications have been recommended to abate excessive vomiting. As such, a piece of folded linen cloth, moistened with *tinctura opii*, may be kept constantly applied to the region of the stomach. Probably a small addition of æther might increase its good effect. It sometimes happens that vomiting is incessant for many days together, accompanied with great prostration of strength and constant thirst, and at the same time an utter impossibility of retaining any thing on the stomach. In this state the application of leeches to the pit of it, and a constant attention to suffer nothing to be swallowed that can irritate, allowing the patient only asses' milk, and that by single spoonful, have been found to afford relief. If a considerable degree of nausea prevails, without the ability of throwing up, fourteen or fifteen grains of *pulv. ipecac.* may then be given, experience having proved that gentle emetics may be administered with perfect safety to pregnant women.

Headach, with plethora.—When either headach, drowsiness, or a sense of fulness in the vessels, proves troublesome, drawing off

a few ounces of blood from the arm in robust women will most likely be attended with advantage. In those of a weak, irritable habit, the application of a leech or two to each temple will be more advisable than bleeding from the system, where the headache proves obstinate, and resists the other means we have employed. The bowels are at the same time to be kept in a proper state by some gentle aperient.

Toothach.—For the alleviation of the toothach, the external as well as internal application of a few drops of the oil of cloves, cajeput, juniper, or any other essential oil, will often prove effectual.

Heartburn.—If the patient is incommoded by heartburn, (which usually proceeds from an acidity in the stomach,) half a drachm of magnesia may be taken morning and evening, to obviate it: and if this fail, we may then have recourse to the absorbent mixture advised below,* which Dr. Sims informs us† he has found the most efficacious of all remedies for the removal of this distressing symptom in pregnant women.

Longings.—When peculiar longings arise in a state of pregnancy, they should always be gratified, if possible, as women are apt to miscarry from the anxiety these occasion when not indulged in them: but that the child in utero can be marked by any depraved appetite of the mother, or be mutilated by any disagreeable object being presented to her, cannot be admitted. All aberrations from the usual form ought to be ascribed to the irregular operation of the powers concerned in generation, and are not produced by the imagination of the mother.

Hysteria.—Should any hysterical affection or sudden fainting arise, little more will be necessary, than to expose the patient to a free open air, to place her in a horizontal position; and to give her a glass of cold water with a few drops of the liquor ammoniæ subcarbonatis, or a little wine sufficiently diluted.

Costiveness, Piles, &c.—Costiveness, partial suppressions of urine, and the piles, which attend on the second stage of pregnancy, are occasioned by the great pressure of the uterus on the rectum and bladder. The first and last of these symptoms are to

* Take Magnesia, one drachm.

Pure Water, five ounces and a half.

Spirit of Cinnamon, three drachms.

Solution of Ammonia, one drachm.

Mix them, and take two or three table-spoonfuls for a dose, as the occasion may require.

† See the Medical and Physical Journal, No. viii. p. 206.

be obviated by a daily use of some gentle laxative, such as a solution of manna, or the electuary advised below.* Pills composed principally of aloes (such as Anderson's) are too generally used by pregnant women for this purpose: but they are highly improper, as being of too stimulating a nature, and very apt to occasion haemorrhages and the piles. In troublesome piles, which are externally seated, the best application is leeches, and the irritation may afterwards be lessened by preparations of the plumbi superacetas. Ten grains of this, dissolved in four ounces of rose water, form a good lotion, with which the parts may be washed frequently. If necessary, a little of the vinous tincture of opium may be added.

Diarrhœa.—If diarrhœa arises in pregnant women, it should be treated just as at any other time; (see this disease;) and after the stomach and intestines are cleared, astringents may be used, if there is no great degree of fever. If fever is present, that must be attended to chiefly, and be first removed.

Suppression of Urine.—When a suppression of urine takes place, which is apt to happen in the advanced stage of pregnancy, besides making use of emollient fomentations, clysters, and gentle purgative medicines, such as the oleum ricini, the patient drinking plentifully at the same time of diluent liquors, it will be necessary to have recourse to chirurgical assistance, by drawing it off by means of a catheter, morning and evening.

Retroverted Uterus.—It sometimes happens that a retroversion of the uterus ensues, in which case it becomes misplaced downwards and backwards, because the os uteri is tied forwards to the meatus urinarius, and there is no communication behind by which it is held to the rectum; but anteriorly it is connected with the neck of the bladder by close cellular substance; therefore whatever raises the bladder will raise the cervix uteri, and what raises this, must at the same time depress the fundus: so that in a retroversion of the uterus, the urethra is drawn up close behind the symphysis pubis; and in the case now under consideration, the bladder rises and draws up the os uteri with it.

The only period of pregnancy at which a retroversion of the uterus is apt to arise is between the end of the third and fourth

* Take Electuary of Senna, two ounces.

Supertartrate of Potass, two drachms.

Powder of Jalap, half a drachm.

Syrup of Roses, a sufficiency.

Mix them, and of this electuary the patient may take the bulk of a nutmeg, at bedtime, or occasionally.

months; for in the early months of pregnancy, the uterus in length, from the fundus to the cervix, is not so great as to fill the space between the sacrum and the neck of the bladder, and cannot, for that reason, produce suppression. This applies to all situations of the uterus in unimpregnated women, and women who are with child, till the close of the fourth month of pregnancy; after which, the uterus cannot be made to go down into the pelvis. When the uterus has once fairly ascended into the abdomen, it is impossible for it to return into the pelvis until its volume has been diminished by delivery or abortion.

In most of these cases the suppression of urine is the only material object to be attended to; for the uterus being retroverted, the woman cannot make water; therefore it must be drawn off by the catheter. If necessary, this operation is to be repeated twice a day, till the uterus, by a gradual enlargement, recovers its natural situation, which will be preferable to any interference of the attendant to reduce it. Where it is impossible for him to attend twice a day for the purpose of drawing off the water, the reduction may possibly be effected by the patient placing herself on her hands and knees, and then passing two fingers of one hand into the vagina, and a finger of the other into the rectum, by which means it is possible sometimes to succeed. Where the event is left to time, the uterus is sure to recover its proper situation; for which reason it is preferable to leave it.

In passing the catheter in cases of retroverted uterus, it will be necessary to attend to its curve, which curve is given by holding the instrument in one hand, and pressing the thumb on the other hand on one side, while it is gently drawn through the hand. The point of the catheter must be dexterously introduced close behind the pubes; for if some dexterity is not used it frequently will not pass into the bladder.

Troublesome Itchings.—Where a severe itching about the parts of generation attends on pregnancy, it will be proper to keep the woman's body perfectly open with some cooling laxative, and to wash the parts three or four times a day with a solution of lead, such as the liquor plumbi acetatis dilutus; if much inflammation accompanies the itching, topical bleeding may be requisite.

Oedematous Swellings.—The swellings of the feet, ankles, and private parts, which arise in the last stage of pregnancy, are occasioned by the pressure made by the womb, which now prevents the free return of the blood from the lower extremities.

Gravid women are usually free from these complaints in the morning, but towards night they frequently suffer much from them. Slight scarifications with the edge of a lancet, to discharge the stagnated fluid, with the after application of flannels wrung out in a warm infusion of emollient herbs, have been employed in cases of great distention. In general, however, it will only be necessary that the patient does not keep her feet in a pendant position for any length of time.

Cramp.—Cramps of the legs and thighs are to be relieved by rubbing the parts with cold vinegar, with camphor dissolved in oil, or the liniments here* advised, the person wearing stockings in bed. At an advanced period of pregnancy they are only to be relieved by labour removing the cause. Where the stomach is affected with spasms, proper doses of æther and tincture of opium, with the other means advised under the head of *Hysteria*, in cramps of that organ, will afford the greatest benefit. In such cases the patient must carefully avoid every kind of food that is apt to prove flatulent or hard of digestion, and she must keep her body perfectly open.

Inability of Sleeping, and Restlessness.—Inquietude and inability to sleep, prove troublesome complaints towards the latter period of pregnancy, the patient being obliged to rise frequently throughout the course of the night, in order to expose herself to the influence of cool air. Nothing affords so great relief in cases of this nature, as bleeding in small quantities, with the occasional use of some cooling laxative medicine. Opiates are never attended with advantage in such conditions.

Varicose Veins.—The veins of the legs, thighs, and belly, often become varicose in the last stage of pregnancy, and sometimes put on an alarming appearance from their great enlargement and distention. No bad consequences have, however, been observed to attend such a condition; and the only thing necessary to be done, is to empty the vascular system by moderate bleeding, gentle purging, and a spare diet. Should the vein of any particular part become so distended as to prove troublesome, it may be advisable to apply a bandage of a moderate tightness, so as to give the necessary support to it.

Jaundice.—In some instances the woman is affected with a pain

* Take Camphorated Spirit, one ounce.

Spirit of Sulphuric æther.

Tincture of Opium, of each half an ounce.

Mix them for a liniment.

in her side, and excessive sickness at the stomach and retchings, the skin assuming a deep yellow colour. It is only under these circumstances that the complaint proves distressing, and it is usually occasioned by the formation of one or more gall-stones, and the obstruction which they oppose to the usual and regular passage of the bile. The means most conducive to relieve the woman from this degree of the complaint, are blood-letting, warm fomentations to the painful part, and large doses of opium, with such laxatives as shall counteract the effects of the opiates.

Jaundice, or any other bilious affection, prevailing during a state of pregnancy from the pressure of the uterus on the gall-bladder or ducts, is to be obviated by keeping the body open with some gentle laxative, such as pills composed of rhubarb and soap.

Incontinency of Urine.—This is a very disagreeable complaint, as it keeps the woman constantly in an uncomfortable state. It is to be removed only by delivery, but may be moderated by a frequent horizontal posture. Its bad effects may be prevented by a scrupulous attention to cleanliness, and the use of a thick compress of linen, or a sponge of considerable size, properly fastened.

Over-distention of the Abdominal Skin.—In the latter months of pregnancy the integuments of the abdomen will sometimes become cracked and sore, the skin seeming to suffer from over-distention. In this case nothing is so effectual as a frequent use of warm oil by friction; and to give it somewhat of a medicated appearance, a little camphor may be added.

False Pains.—Pains somewhat resembling those of labour, and known by the name of false pains, are apt to come on at an advanced stage of pregnancy, and often to occasion an unnecessary alarm. In such cases, confinement in a horizontal position, bleeding if plethoric, laxative medicines if costive, and administering small and frequent doses of some opiate until the patient finds ease, will be necessary.

Convulsions.

CONVULSIONS may occur either during pregnancy or labour, and are of different kinds, requiring opposite treatment. One species is the consequence of great exhaustion from a tedious labour, excessive fatigue, or profuse haemorrhage. This makes

its attack without much warning, and generally alternates with deliquium, or great feeling of depression of strength and debility; the muscles about the face and chest are chiefly affected, and the pulse is small, frequent, and compressible, the face pale, the eyes sunk, the extremities cold. The fits succeed each other pretty quickly, and very soon terminate in a fatal syncope. Apparently it was this species of convulsion that destroyed her royal highness the Princess Charlotte of Wales.

In all cases of this nature, it should be our object to check the further operation of the exciting cause, by restraining hæmorrhage, if present, or preventing every kind of exertion, and thus husband the strength which remains, or recruit it by cordials. Opiates will be of infinite service in conjunction with æther and cainphor. Delivery is usually necessary.

Hysterical convulsions are more common during gestation than during labour. Here it may, therefore, only be necessary to add to what has already been said under the head of Hysteria, that, if they do not speedily yield to antispasmodics, venesection had better be resorted to ; and, if that fails, we should, if possible, deliver the woman.

The species of puerperal convulsions most generally met with bears some likeness to epileptic fits ; and it is only by being aware of the different degree of violence attending each, that at first sight we can distinguish them. A fit of puerperal convulsion is much more severe than one of epilepsy, and a paroxysm of the former is usually so violent, that a woman, who, when in health, was by no means strong, has been so convulsed as to shake the whole room, and to resist the coercive powers of many attendants. No force, indeed, can restrain a woman when in these convulsions. The distortion of her countenance is beyond conception : in regard to deformity of countenance, nothing bears any resemblance to the progress of this disease ; the rapidity with which the eyes open and shut, and the sudden twirlings of the mouth, are inconceivable and frightful.

Puerperal convulsions seldom happen before the sixth month, but may occur at any time between this period and the completion of labour. They may arise as the first symptom of labour, or after the labour is finished. This species of convulsion depends on the state of the uterus, and has been observed to arise oftener during the first pregnancy than in any after one, particularly where the woman is unmarried.

The characteristics of puerperal convulsion are as follow :—

The paroxysms occur periodically like labour pains, so that there is a considerable space between them at first, but afterwards they become more frequent. They not only occur with the labour pains, but in the intervals between; and whether there have been labour pains or not before they come on, we shall usually find the os uteri somewhat dilated, and it is sure to become still more so from the continuance of these convulsions. At length, if the woman is not relieved, and the convulsions continue without destroying life, the child is actually expelled by the contraction of the uterus, which power is capable of expelling it even after death.

The immediate symptoms are somewhat similar to those of the epileptic paroxysm. The woman suddenly loses all sensation, and stretches herself out; the muscles then become extremely rigid, and are speedily afterwards thrown into violent convulsions, the face is distorted, the eyes are protruded, she gnashes her teeth and foams at the mouth. After the paroxysm is over, she remains in a comatose state, and has stertorous breathing, similar to what takes place in apoplexy. At length, except in very aggravated cases, she slowly comes to herself, but without being conscious that she has been in a fit. After a longer or shorter interval a fresh attack takes place in the manner just described, for it rarely happens that there is not a repetition of the paroxysm in all cases of true puerperal convulsion. During the fit the skin becomes dark and purple, proving that the circulation through the lungs is not free, which purple colour leaves the woman after the fit is over. By the introduction of the hand into the uterus, when these convulsions have come on, it has been ascertained that this organ is contracted, but with a tremulous undetermined sort of force, perfectly different from what takes place at any other time.

There are two cases of puerperal convulsion which are very distinct: one is a convulsion dependant on an irritable or excitable state of the nervous system; the other on a fulness of the vessels of the brain, or perhaps a slight extravasation from the vessels thereof. When puerperal convulsion arises from the latter cause, it is always preceded by some symptoms, which, if watched, will enable us to relieve, if the patient applies in time, but which is rarely done: and if these symptoms are neglected, at some period or another convulsions will follow. In a woman strongly disposed to this complaint from such a cause there will

be a sense of great fulness in the head, giddiness in the advanced periods of pregnancy, drowsiness, and a sensation of weight when she stoops forward, imperfect vision, and atoms floating before the eyes. These symptoms strongly denote fulness of the vessels of the head, and, if allowed to continue, may lead to extravasation or puerperal convulsion ; but, if early attended to, may be removed, and premature labour prevented. Under such circumstances, the first step to be adopted is, to draw ten or twelve ounces of blood from the arm, repeating the operation the next day or so, if no alleviation takes place. After the first bleeding the bowels should be opened by some mild purgative, such as a solution of any of the neutral salts and manna, which may be repeated every third or fourth morning until the plethora is removed. With these means the patient ought to abstain from all solid food, wine, &c.

When these precautionary means have not been adopted, and puerperal convulsions have ensued, we are, on being called in, to open a vein immediately, particularly the jugular, or even the temporal artery, and to draw off blood in a considerable quantity, being regulated therein by the appearance of the person and her habit of body. From twelve to twenty ounces may be the extent of the first bleeding. If the disease goes on, and the os uteri does not admit of delivery from its not being dilated, the convulsions not abated or gone off, and the pulse in such a state as to admit of it, we should bleed again and again. Sixty ounces of blood have been drawn off in the course of the twenty-four hours under these circumstances, and with a happy effect. Women in such a state admit of divided bleedings very largely. On examining the bodies of women who have died of puerperal convulsions, the vessels of the brain are always found enormously turgid; in some cases blood is extravasated, and the heart is often perceived completely empty.*

After the first bleeding a blister of considerable size should be applied to the neck, or between the shoulders; the head be shaved and cooled with evaporating lotions ; and, if judged necessary, blood be drawn from the temples by several leeches. The next point to be attended to is, to get the bowels to act as quickly as possible, and this will be effected by throwing up a smart or active clyster, and then giving a strong solution of some

* See cases reported by Mr. Chevalier, in the Medico-Chirurgical Transactions.

neutral salt, as magnesiæ, sulphas, potassæ tartras, or soda tar-
tarizata, in an infusion of senna, as soon as the patient becomes
capable of swallowing. The bladder is also to be emptied by a
catheter, if necessary.

If it is a case of convulsion depending upon irritation, we may
likewise bleed, but we must proportion the quantity accordingly.
Eight or ten ounces of blood will be sufficient, and where more
may appear necessary, it will be best to draw the remainder by
applying leeches to the temples. In cases dependant on irritation,
opium will be very proper, and it ought to be given to the
highest possible extent, the form of a clyster being that to which
we ought to give a preference. We are at the same time not
to neglect the bowels, which should be kept perfectly open. Dr.
Denman proposes that a clyster containing six grains of opium
should be administered, under the supposition, that by putting
a stop to the contractions of the uterus, the convulsive contrac-
tions in other parts of the body may also cease. From the ten-
dency of opium to affect the brain, some practitioners have
strongly objected to its use in puerperal convulsions. By throw-
ing it into the intestines it will not, however, be so likely to affect
the sensorium as when received into the stomach.

Some physicians recommend the use of a warm bath, while
others again disapprove of it. The pediluvium, or the applica-
tion to the soles of the feet of bottles filled with warm water, may
at any rate be proper.

The warm bath is strongly recommended by Dr. Denman
among the means of preventing convulsions in women previous
to, or during, their confinement. He states, that from its occa-
sional use women will often find much benefit, and that it is one
of the principal means which professional assistance is capable
of affording for preventing puerperal convulsions, and for insur-
ing an undisturbed labour. He also recommends a warm bath
in labours rendered complex by convulsions, and this upon a long
and extensive experience. He says, that when convulsions have
continued or increased, notwithstanding copious bleeding and
the use of all other rational means, the patient may be put into
the warm bath, in which she may remain a considerable time if
the convulsions are suspended while she is in it. In instances
where a warm bath could not be procured, or while it was pre-
paring, he has directed flannels wrung out of hot water to be ap-
plied over the whole of the abdomen.

Dr. Denman* mentions, that he has seen the patient relieved from that state of irritation immediately preceding the convulsion by dipping feathers in cold water, and dashing it with force over the woman's face, as this roused her, and interrupted the progress of the fit. Where the further application of cold may be deemed necessary, and appear advisable, we may throw water over the patient's head, bringing this over the side of the bed, and holding an empty pail underneath to receive it. It should be done on the approach of the fit, which may be ascertained by attending to the vibrations of the intercostal muscles.

In all cases of puerperal convulsion, after having paid due attention to the lessening of the cause which has given rise to it, we should uniformly exert our best endeavours to deliver the woman as expeditiously as possible, where it is practicable without violence. When we find that the os uteri begins to relax and open, and which may take place although there be no labour pains, we must introduce the hand slowly, dilate it, and deliver the child.

If convulsions take place after the delivery of the child for the first time, then the placenta, if it have not come away, ought immediately to be extracted; and if the pulse does not expressly forbid it, a vein is to be opened, and afterwards the bowels purged.

Where convulsions continue after the uterus is emptied of its contents, all that we can do is to keep the brain unloaded, the bowels open, and the irritability of the system counteracted by opium, joined with other antispasmodics, such as musk, camphor, and æther. Where the disorder continues many hours, we may apply a large blister to the head, and if benefit is not obtained by the next day, one may also be applied to the inside of each leg. These, by exciting an irritation upon a part distant from the seat of the disease, may tend to diminish the diseased action, and thereby afford some relief.

To prevent puerperal convulsions from supervening, as they are in every instance to be considered as highly dangerous, particularly at an advanced stage of pregnancy, it will be prudent, in robust and plethoric habits, to pay an early attention to a use of the lancet during the progress of pregnancy, by drawing off a sufficient quantity of blood at different periods; taking care, at the same time, and particularly near the termination of preg-

* See his *Introduction to the Practice of Midwifery*.

nancy, to keep the body open by cooling purgatives. In women of an irritable constitution, all exciting causes should be carefully avoided, and the habit be strengthened as much as possible, and thereby be rendered less susceptible of disagreeable or ready impressions.

Abortions.

By abortion is to be understood the expulsion of the contents of the gravid uterus at a period of gestation so early as to render it impossible for the foetus to live. It is an accident or disease of frequent occurrence, which is always attended with disagreeable circumstances; and which, although it seldom proves immediately fatal, may still be productive of much mischief at a future period.

Abortions may happen at any period of pregnancy, but they take place most frequently about the third or fourth month.

From the end of the third month to the period of quickening there is a greater susceptibility in the uterus to have its action interrupted than either before or afterwards, which is the reason of more miscarriages happening at that time than at any other, and points out the necessity of redoubling our vigilance in watching and guarding against the operation of any of the causes from the tenth to the sixteenth week that may be likely to excite abortion.

When a woman happens to part with her burden before the seventh month, she is said to have miscarried or aborted; but when delivered of it after this time, the term labour is usually applied.

Children born at the end of the seventh month are seldom reared; and when they are, they usually prove small and weakly: but those of eight months are frequently preserved by bestowing proper care on them.

In consequence of an imperfect conception it sometimes happens that moles or substances of a fleshy nature (which upon being cut open contain not the smallest vestige of a child) are formed in the uterus; and these at length becoming detached, give rise to a considerable degree of haemorrhage.

As some women menstruate during the first months of pregnancy, it will be necessary to distinguish between an approaching

miscarriage and a visitation of the menses, which may readily be done by inquiring whether or not the haemorrhage has proceeded from any evident cause, and whether it flows gently or is accompanied with unusual pains. The former generally arises from some fright, surprise, or accident, and does not flow gently and regularly, but bursts out of a sudden, and again stops all at once, and is also attended with severe pains in the back, and bottom of the belly; whereas the latter is marked with no such occurrences.

Voluptuous women, who are of a plethoric habit, as well as those who are of a weak and irritable frame, are most apt to miscarry; but accidents of this nature sometimes occur from a general defective constitution, or from a malconformation of the sexual organs.

The causes which give rise to floodings during a state of pregnancy are, violent exertions of strength, lifting some heavy weight, severe exercise, as dancing or much walking, the fatiguing dissipations of fashionable life, sudden surprises and frights, violent fits of passion, great uneasiness of mind, uncommon longings, over-fulness of blood, partial spasmotic action about the os uteri, aloëtic purges, profuse evacuations, excessive venery, former miscarriages, weakness in the parts immediately concerned, a diseased state of the uterus, general debility of the system, external injuries, as blows and bruises, strong acrid medicines, such as savin and hellebore, which are often taken for the express purpose of exciting abortion, and the death of the child.

A pregnant woman may be attacked with a flow of blood from the womb in consequence of any cause which is capable of separating a part of the ovum from the corresponding part of the uterus. The vessels which before passed straight from its internal surface into the membranes or placenta, and connected them together, now open, so as to allow the blood to escape between them, and to flow externally. This separation and consequent rupture may arise from any of the various causes just recited, but in a few instances it is occasioned by an implantation of a part of the placenta immediately over the os uteri, which cause is by far the most important, because it is the most dangerous, and the least likely to find a spontaneous remedy.

Abortions are sometimes induced by what is termed a retroversion of the uterus, in which the fundus uteri is retroverted and pressed down between the rectum and the vagina. This rarely occurs, however, beyond the first or second month of ges-

tation, and is generally preceded by a difficulty in making water, and a consequent tumour of the bladder; a violent pain about the perinæum is thus caused, and a miscarriage is liable to follow.

Abortions are often preceded by a general sense of coldness, flaccidity of the breasts, slight pains in the loins and lower region of the belly, and sometimes with a slight febrile state of the system. In plethoric habits, and where abortion proceeds from over-action or hæmorrhagic action of the uterine vessels, the fever is idiopathic and precedes the hæmorrhage. After a short continuance of these symptoms a slight discharge of blood ensues, coming away sometimes in clots, and at others gushing out in a florid stream, then stopping perhaps for a short time, and again returning violently.

Sometimes nothing but coagulum can be perceived, that is so firm, and the globules and lymph so disposed, as to make it assume, more especially if it has been retained for any time about the uterus or vagina, a streaked or fibrous appearance, which often gives rise to a supposition that it is an organized substance. When the contents of the uterus are expelled, a bloody discharge continues for a few hours, and is then succeeded by a serous fluid.

When the pregnancy is advanced beyond the third month, and abortion is likely to ensue, we have much bearing down, together with a derangement of the stomach, causing sickness and faintness, and we have likewise a most rapid discharge, owing to the increased size of the vessels. In this stage the membranes often give way, and the fœtus escapes with the liquor amnii, whilst the rest of the ovum is retained for some hours, or even days, when it is at length expelled with coagulated blood. In some instances the whole ovum comes away entire. After the expulsion the hæmorrhage ceases, and is succeeded by a discharge somewhat resembling the lochia.

With regard to the symptoms and duration of abortion, there is a great diversity in different instances. In some cases, the pains are very severe and long continued; in others, short and trifling. Sometimes the hæmorrhage is profuse and alarming; at other times, although circumstances may not be apparently very different, it is moderate or inconsiderable. Often the sympathetic effects of the stomach and bowels are scarcely productive of inconvenience; whilst, in the greater number of instances, they are very prominent symptoms. As there is a diversity in the symptoms, so there is also in the duration of abortion; for,

whilst a few hours in many, and not above three days in the majority of cases, is sufficient to complete the process, we meet with other instances in which it is threatened for a long time, and possibly some weeks elapse before the expulsion takes place.

Floodings are more or less dangerous according to the stage of pregnancy in which they happen. The farther a woman is advanced therein, the greater will be the risk, especially if unaccompanied by labour pains, as the mouths of the vessels which pour out the blood are much enlarged during the last stage of pregnancy, and of course a vast quantity will be discharged in a short space of time. Although miscarriages before the fifth month are seldom attended with immediate danger, the loss of blood being usually small, they nevertheless frequently lay the foundation of many grievous ailments by happening repeatedly. Some women are visited by habitual miscarriages, and observe a stated period for several successive pregnancies, which is more usually about the third month than at any other time.

The danger of abortion is to be estimated by considering the previous state of health and habit of the patient, and by attending to the violence of the discharge, the duration of the complaint, the difficulty of checking it, the disposition to expulsion which accompanies it, the period of gestation at which it is threatened, the frequency of its occurrence, and its combination with spasmodic affections or convulsions.

Previous to my pointing out the best means for checking an abortion, and the method of conducting the woman through it when it cannot be avoided, it appears proper to notice those steps which should be taken for preventing miscarriages in those to whom they are rather habitual. In all such cases it will be highly necessary to attend to the history of such former accidents, to the usual habitudes and constitution of the woman, and to her condition when she becomes pregnant.

A woman that is subject to habitual abortions, and who is of a full plethoric habit, ought to be bled just before the usual time of her miscarrying. She should likewise keep her body perfectly open with gentle aperient medicines; use a spare diet, consisting principally of vegetables, and avoid all agitations of the mind, severe exercise, violent efforts, and such objects as may be likely to make a disagreeable impression on her. The sleep should be abridged in quantity, and not be taken on a bed of down, but on a firm mattress, preventing, at the same time, the accumulation of too much heat about the body. Every day she ought to take re-

gular and moderate exercise, being cautious at the same time not to carry it to the length of exciting fatigue.

To bridle the circulation in women of a full plethoric habit that are subject to habitual abortions, in addition to drawing off a little blood from the arm when the pulse is full or inclined to throb, it would appear advisable to give half a grain of digitalis twice or thrice a day, continuing this medicine until after the usual period of the woman's miscarrying.

In women of a weak, lax habit, bleeding would be highly improper, as a mean of preventing habitual abortion. For such, a nutritive and generous diet, moderate exercise in a carriage, cold bathing, and a course of chalybeates, with other tonics, will be necessary, the patient at the same time avoiding all exciting causes. Until gestation be far advanced, it would even be advisable to live absque marito. Indeed, in every instance of habitual abortion, whatever the condition may be that gives rise to it, it will be essential that the greatest attention be paid to the avoiding the exciting causes. In some cases it may even be necessary to confine the patient to her room until the period at which she usually aborts is past.

In those cases of habitual abortions accompanied with spasmodic pains in the uterus, or a disposition to convulsions, opium given in small doses, twice a day, might prove eminently serviceable.

Where nausea or vomiting prevails in a high degree, in addition to the means before pointed out, we may apply either an opium plaster or a blister to the region of the stomach.

An abortion being threatened in consequence of some slight separation of the placenta from the uterus, may frequently be stopped by immediately adopting proper steps, and the woman be enabled to go out her full time.

On the first appearance of a flooding, the woman should be confined to her bed, and be placed with her hips somewhat more elevated than her head, keeping her, at the same time, perfectly cool and extremely quiet, debarring her of all food of a heating, stimulant nature, giving her cold liquors to drink sharpened with some agreeable acid, and applying linen cloths wetted in vinegar and water, to the loins and private parts. Ice (if to be procured) contained in bladders and laid on the thighs and pubes, may occasionally be substituted.

With the view of moderating the symptoms attending the progress of a threatened abortion, and preventing it, if possible, from

actually taking place, it may be proper, in robust and plethoric habits, and where the pulse is in any degree full and frequent, to take away a little blood from the arm; after which, if the bowels are confined, we may administer a laxative clyster.

If the discharge is copious, and is accompanied with irregular spasmodic contraction of the uterus, or with severe pain, it will be advisable to prescribe opiates in small and frequently repeated doses, so as to keep up a constant effect, and they may be combined either with refrigerants,* or with astringents,† or with both. Equal parts of tincture of opium and sulphuric acid make a good medicine in uterine hæmorrhage; but it is only in such cases as are attended with irregular spasmodic contractions, or with severe pains, that opium is given by the most judicious practitioners. To assist the effect of the medicines, anodyne clysters may be injected from time to time.

Astringent injections composed of a saturated solution of alum, sulphate of zinc, or the plumbi superacetas, or of a decoction of oak-bark, are often employed in floodings; and where the hæmorrhage is slight, or remits for any length of time, they undoubtedly will prove beneficial, and ought, therefore, to be used as mentioned under the head of Menorrhagia; but in floodings unaccompanied by any remission, they are by no means likely to afford much relief.

In such cases it will be best to trust to the formation of a coagulum. Rest will be absolutely necessary if we wish the woman to go out her full time, and, therefore, it is sometimes necessary to confine her for a few weeks perhaps to her bed, at the same time that we put her upon an effective course of digitalis,‡ giving

* Take Infusion of Roses, one ounce and a half.

Nitrate of Potass, one scruple.

Tincture of Opium, fifteen drops.

Mix them. This draught is to be taken every three or four hours.

† Take Confection of Opium, one scruple. Mint Water, one ounce and a half. Tincture of Catechu, —— Kino, of each half a drachm. Mix them, and give this draught every four or six hours.

Or, Take Alum, fifteen grains.

Gum Kino, five grains.

Opium, half a grain.

Confection of Roses, a sufficiency.

Mix them, and let this bolus be taken every six hours, with three table-spoonfuls of the Acidulated Infusion of Roses.

‡ Take Powder of Purple Foxglove,

Opium, of each half a grain.

Confection of Roses, a sufficiency to form a pill, which is to be taken every four hours.

her an anodyne at bed-time, but taking care to keep the bowels in a proper state by some gentle aperient medicine.

Where we cannot prevent the abortion, our study must be to conduct the patient safely through the process ; and the point which first claims our attention is the hæmorrhage. Bleeding is an operation employed by some practitioners to check this ; but unless the vessels are above their natural force and strength of action, it is not likely to do any good. Indeed, the fulness and strength of the pulse are lost much sooner in an abortion than can be explained by the mere loss of blood. Instead of bleeding, we had better, therefore, give the digitalis, if there is no irritation at the stomach. In protracted cases, where the discharge has continued long, this medicine will be highly proper.

When the means above mentioned have been pursued without the desired effect, and the woman becomes exposed to imminent danger from great loss of strength, it will then be necessary to have recourse to powerful astringents,* such as zinci sulphas and plumbi superacetas. Of this last we may give one, two, or even three grains, repeating the dose every three or four hours, according to the urgency of the case. As soon, however, as the hæmorrhage has ceased, a gentle purge of the oleum ricini should be administered, in order to prevent any bad effect from the action of these remedies on the coats of the stomach and intestines. Astringents used internally, have, however, been thought by some to possess little effect unless they excite sickness, which is a different operation from what is expected from them.

The application of linen cloths dipped in cold water to the back and external parts, will have a much better effect than internal astringents, and ought therefore never to be neglected. The introduction of a small piece of smooth ice into the vagina has often

Or, Take Tincture of Foxglove, twenty drops every four hours, in a little water, or any like vehicle.

Or, Take Infusion of Foxglove, half an ounce.

Tincture of Cardamom, two drachms.

Pure Water, six drachms.

Mix them, and let this draught be given every four hours.

* *Take Sulphate of Zinc, two grains to five grains.*

Confect. of Roses, half a scruple.

Opium, half a grain.

Mix them. This bolus is to be taken every four hours.

Or, Take Superacetate of Lead, two grains.

Extract of Catechu, three grains.

Opium, half a grain.

Syrup, a sufficiency to form a pill, which may be taken every four hours, with a draught of the Infusion of Roses.

a very speedy effect in retarding the hæmorrhage. A snow-ball wrapped in a bit of soft linen will have the same effect; but neither of these should be continued so long as to produce pain, or much and prolonged shivering. The heat of the surface may also be moderated by covering the bed lightly with clothes, and admitting a free circulation of air.

The most effectual local method, however, of stopping the hæmorrhage, is by plugging up the vagina;* and this is best done by taking a pretty large piece of soft cloth, dipping it in oil, and then wringing it gently. This is to be introduced with the finger, portion after portion, until the lower parts of the vagina be well filled. The remainder is then to be firmly pressed on the orifice, and fixed by a T bandage, so as to prevent the plug from being displaced. This acts by giving time to the effused blood to coagulate at the mouths of the bleeding vessels, thereby preventing any further discharge. In obstinate cases, previous to the introduction of the plug, we may insert a little pounded ice tied up in a rag or small bladder, if to be procured.

To recapitulate the means which we are to employ for restraining the hæmorrhage: if the pulse be full, hard, and frequent, bleeding is to be resorted to: but if not, we are to trust to digitalis: the application of cold to the thighs and pubes, admitting cool air freely into the bedchamber, keeping the heat of the body at a low temperature, absolute rest in a horizontal position, and which must be continued during the whole process, however long it may be, cold acidulated liquors for ordinary drink, light food taken in small portions at a time, carefully abstaining from every thing stimulant, and plugging up the vagina.

Where any sickness or great feebleness attends on an abortion, the body is to be kept at rest with the head low; and we may at the same time give small quantities of some stomachic cordial, such as a few drops of æther in a little cinnamon-water, or a little peppermint-water with fifteen or twenty drops of the tincture of opium. In very urgent cases, Madeira or diluted brandy may be given, but these are not to be frequently repeated. Where spasmodic contractions attack the stomach, producing sudden and violent pain, a full dose of the tincture of opium conjoined with æther must be ordered immediately. Spasms about the intestines are also to be relieved by opium in some form or other.

* See Mr. Burn's Treatise on Abortions.

Where abortion is accompanied by strong hysterical paroxysms, besides attending to the state of the discharge, the best practice is to keep the woman very cool, and to give her thirty or forty drops of *tinctura opii*, with about two drachms of *tinctura valerianæ ammoniata* in a little peppermint-water every four or six hours. A clyster composed of cold water, with the addition of two drachms of the tincture of *asafœtida*, is also sometimes of service.

In all cases where a considerable hæmorrhage has begun, but particularly at an advanced stage of pregnancy, the first thing of importance to be inquired into and ascertained is its cause, and this can hardly be done too early; for as long as the accoucheur allows himself to act without this piece of essential information, his practice must necessarily be uncertain, and the life of his patient be exposed to danger. In such cases it will therefore be of the utmost importance to subject the woman to an examination, and in effecting this it will be necessary to introduce the hand into the vagina, passing one finger without the *os uteri*. This will be preferable to the common mode; for in presentations of the placenta, this part does not always adhere close to the orifice of the womb, but is sometimes attached inward to the *collum uteri*; and if we trust to the common mode of examination we shall be liable to fail in feeling the placenta, even when its presentation is the cause of the flooding.

If the placenta is in the right place, it is probable, at any rate it is possible, that the hæmorrhage may subside permanently by the aid of a horizontal posture, a low diet, the application of cold, and a use of the other means before noticed; but if, on the contrary, the placenta be placed over the mouth of the womb, however these remedies may afford a temporary relief, we may be assured that the discharge will return; for the next time that a dilatation of the *os uteri* takes place, and which must recur sooner or later, a fresh portion of the placenta will become detached, and other bleeding vessels unavoidably be opened. Our practice ought, therefore, to be determined by the result of the examination. If it appears that the placenta is in the right place, the means and remedies before pointed out may be trusted in, unless the symptoms be so alarming as to compel us to deliver the woman; but, on the contrary, if the placenta is discovered over the mouth of the womb, or very near thereto, even should there have been only one considerable discharge, we should

watch the patient with the greatest vigilance, and proceed to deliver her as soon as the parts are sufficiently dilatable to allow the introduction of the hand without improper force.

In all cases during the last stage of pregnancy where our endeavour to stop or repress the hæmorrhage prove abortive, and the life of the woman becomes endangered by its severity, it will be advisable to deliver her as soon as possible, although we may encounter some difficulty, unless somewhat assisted by the coming on of the natural labour pains. If the ovum be still entire, and the pregnancy considerably advanced, the expulsive action is to be excited by rupturing the membranes.

It sometimes happens in abortions, that the whole ovum does not come away at once, but only the fœtus, and that either a part or the whole of the secundines remain behind. These by long retention give rise to an offensive discharge from the vagina, and a febrile state accompanied with hysterical affections. In such instances, instead of endeavouring to extract the remains of the ovum, either with the forceps or fingers, which would be productive of irritation, it will be advisable to keep the parts clean, by injecting an infusion of chamomile-flowers with a small quantity of oxygenated muriatic acid; to keep the bowels open with gentle laxatives or clysters; to support the strength by light nourishment, with small portions of wine frequently repeated, and plenty of sub-acid fruit; whilst at the same time we procure rest or allay irritation by opiates, if necessary.

After every abortion the woman should be confined to bed for a few days, as getting up too soon is apt to produce a debilitating discharge. Should any morbid symptoms present themselves, they are to be obviated by a suitable treatment. If the patient continues weakly for any time, the use of a cold bath, with bark and other tonics, a generous diet, and pure air, will be necessary.

It has been before observed, that miscarriages are sometimes induced during the first or second month of gestation by the fundus uteri being retroverted and pressed down between the rectum and the vagina; in which case they are preceded by a difficulty of making water, and a consequent tumour of the bladder, together with a violent pain about the perinæum or rectum. On such occasions draw off the urine with a catheter, and inject an enema with sixty drops of the tincture of opium, if it can be done. Should these symptoms recur after the miscarriage, a wax candle, or a pessary, made by rolling some emplastrum

plumbi spread on linen, may be introduced into the rectum, and worn as a compress to prevent the return for a few days, till the parts recover their strength.—See Dr. Hunter's Tables of the gravid Uterus, and London Medical Observations, vol. iv. p. 388.

Diseases of the Puerperal State.

PARTURITION, it is well known, is a natural process, and cannot therefore be considered as a disease; but still it often lays the foundation of many distressing complaints, and is now and then attended suddenly even with fatal consequences.

On the separation of the placenta, and on the sudden removal of pressure on the expulsion of the uterine contents, every parturient woman encounters some degree of risk: the latter is indeed not unfrequently a source of danger, which has not been sufficiently insisted upon and practically attended to.

A woman sometimes appears safely put to bed after an easy and natural labour; she has suffered no unusual loss of blood on the separation and removal of the placenta; the uterus, on the application of the hand, is found well contracted, and the patient thus far at least appears in a fair way to do well; but notwithstanding these favourable appearances, and perhaps even during the congratulations of her friends upon the termination of her sufferings, she complains of a degree of faintness, attended with an inexpressible sensation of sinking: this is followed by restlessness, with an anxious, depressed countenance, and occasionally by pain and a sense of constriction at the pit of the stomach; and expressions of alarm for approaching dissolution are not unfrequently repeated. Shortly afterwards the restlessness increases, the countenance becomes more dejected and ghastly, the pulse gradually sinks and fails in its stroke, the oppressive constriction on the epigastrium becomes intolerable, so as considerably to affect respiration; and if relief to these symptoms be not speedy, she becomes shortly a corpse.

That a woman may die suddenly from the rupture of a vessel in the brain, or in the thoracic or abdominal cavities, during the violent efforts of labour, is a conclusion sufficiently natural; but in accidents of this nature there would be symptoms of pressure on the sensorium in the one instance, and of internal haemorrhage

in the other; and the cause of death, on inspection, would be apparent.

To theorize, or reason, on a parturient woman suddenly falling into deliquium animi, and almost immediately expiring, is inconsistent with the nature of this work; but it has been attributed to the removal of pressure from the parietes of the abdomen, and the contents of its cavity.

At the commencement of faintness without loss of blood, we should have recourse to the exhibition of brandy, or other spirits, undiluted or diluted, according to the urgency of the symptoms and the rapidity of their progress, and in such quantity as may seem adequate to answer the intended purpose. That being attained, and the patient relieved, the medicated stimuli, as camphor, æther, volatile spirit, cordial tinctures, &c. may be substituted. Moderate pressure upon the abdomen with the hand, or a bandage applied round the body, will assist the general intention; and the patient ought, on no consideration, to be allowed to raise herself from the recumbent posture till she be so far recovered as to warrant security from the recurrence of the symptoms of alarm and danger.

The most usual complaints, however, which occur after delivery, and which demand the attention and assistance of the medical practitioner, are as follow: viz.

AFTER-PAINS.

SHORTLY after delivery these usually come on, and with some women prove remarkably severe. The quicker the labour has been, the slighter will they prove in general. Women with their first child are seldom much troubled with after-pains; but as the uterus is thought to contract less readily after each future labour, so they are more liable to suffer from them in any succeeding delivery than in the first.

When after pains prove so troublesome as to deprive the patient of her rest, it will be necessary to have recourse to opiates joined with other antispasmodics.* Heated cloths, or bladders

* Take Cinnamon Water, one ounce.

Tincture of Opium, thirty to forty-five drops.

Castor, half a drachm.

Syrup of Violets, two drachms.

Mix them. This draught is to be taken about bed-time.

Or, Take Castor, five grains.

Camphor, three grains.

Opium, one grain and a half.

Confection of Roses, a sufficiency to form a bolus, which may be taken at bed-time.

filled with warm water, may be applied as an external fomentation. These means are to be assisted by keeping up a sufficient pressure on the belly at the same time, by means of a broad bandage.

COSTIVENESS.

THIS is apt to prevail after delivery, and should always be removed by a laxative clyster, or some gentle purgative, such as a solution of some neutral salt and manna, or about an ounce of the oleum ricini.

FLOW OF THE LOCHIA.

IN all women a certain degree of hæmorrhage usually takes place after delivery, produced by the removal of the placenta, which thereby lays bare the mouths of the blood-vessels in the inside of the uterus; and this commonly continues until the womb contracts to such a size as to close them up again. The discharge for the four or five first days consists usually of florid blood, after which time it assumes a mucous appearance, and so ceases gradually.

In weak and relaxed habits it sometimes happens, that instead of saturating a cloth now and then, as is natural to all women, the blood gushes out with such rapidity and violence as to run quickly through all the bed-clothes, and even to soak through the bed itself; in which case the patient will be reduced to a state of great debility if the hæmorrhage is not soon restrained. To effect this, the means recommended under the heads of Menorrhagia and Abortions, must be adopted.

Where a suppression of the lochia ensues before the accustomed period, the discharge ought again to be promoted, if possible, by plentiful dilution, and the application of warm fomentations to the parts. Should these means prove ineffectual, gentle evacuation from the bowels must be made.

THE MILK FEVER.

ABOUT the third or fourth day after delivery, the breasts generally become turgid and painful, from the secretion of milk which then takes place in them. When this is moderate and free no inconvenience will be experienced; but when copious, and accompanied by any obstruction in the lactiferous tubes, in consequence of the use of some repellent application, or of an exposure to cold, the breasts will then become hard, swelled, and painful,

and a small fever will arise, accompanied by nausea, restlessness, pains in the head and back, and a considerable degree of thirst.

To prevent any consequences of this kind, it will always be advisable to apply the child to the breasts at a very early period after delivery. By delaying to do so immediately, on the secretion of milk commencing, the breasts are not only apt to become much enlarged and distended, but the nipples are often so much retracted that the child cannot lay hold of them without the greatest difficulty.

Whether the mother's health will not admit of her suckling the child, or any other thing happens to prevent it, she should be careful to have her breasts drawn three or four times a day by some other person ; and, with the view of preventing a copious secretion of milk, she should use a very spare diet, keep her body perfectly open with laxative medicines, and abstain as much as possible from all liquids. This mode of proceeding will be far preferable to the use of repellent applications to dry up, or put a stop to, the secretion.

If any degree of fever arises, besides confining the patient to a spare diet, keeping her very quiet, and obviating costiveness by means of cooling laxatives, we may give her small and frequently repeated doses of antimonials, together with refrigerants, such as the nitrate of potass, as advised under the head of simple Fever.

INFLAMMATION AND TUMOURS IN THE BREASTS.

FROM exposure to cold, and neglecting to put the child at an early period to the breasts, or to get them drawn by some other person, accidents of this nature happen very frequently to lying-in women.

With respect to the mode of treating these kind of tumours, practitioners differ very much ; some asserting that discussion should always be attempted, and others, that they ought to be allowed to suppurate ; as when the discussion does not succeed, there may be some danger of inducing a scirrhouss affection of an obstinate nature. I think the same practice should be adopted in this case of inflammation as in every other, and that the discussion of the tumour ought by all means to be attempted on its first appearance ; the distress and pain which always attend on a suppuration of the mamma being very great. When the inflammation and swelling have been of such long standing as to show an evident tendency to suppurate, any attempt to discuss the tumour will not be advisable.

Where discussion is proper, recourse should be had, at a very early period, to a strict pursuance of the antiphlogistic plan. The strength is to be supported by a cool, spare diet; the body is to be kept perfectly open with mild laxatives; febrile heat is to be abated by refrigerants, such as the nitrate of potass, with the aid of frequent small doses of some antimonial, such as the pulvis Jacobi, pulvis antimonialis, or solution of tartarized antimony; pain and irritation are to be allayed by sufficient doses of opium; and the inflammation, when considerable, is to be abated by means of leeches applied to the part, as likewise by the constant application of linen cloths dipped in some sedative lotion.* To assist the effect of these means, the breasts are to be evacuated frequently throughout the course of the day, but more particularly the one diseased, either by the infant or some other person accustomed to the business. When they are so much swelled as not to allow of laying hold of the nipple, the proper glasses made for that purpose should be employed.

If the tumour proceeds to suppuration, notwithstanding we may have used every endeavour to prevent it, we should then assist the operations of nature by the application of emollient poultices and fomentations. As soon as the suppuration is completed, the tumour should be opened, after which it may be dressed with dry lint, and a pledget, spread with some kind of digestive ointment, be laid over all. Should any fresh suppuration ensue, which not unfrequently happens, the same mode of treatment must be adopted; and that proper pus may be formed, the bark of cinchona, with a moderate quantity of wine, will be necessary.

EXCORIATIONS OF THE NIPPLES.

FROM the constant state of moisture in which these parts are kept with those who give suck, such occurrences are very apt to happen. When excoriations do arise, the parts should be washed two or three times a day with a diluted solution of alum, the superacetate of lead, or a few drops of the liquor plumbi acetatis, in rose-water, and then be sprinkled with a little powder of cala-

* Take Solution of Acetate of Ammonia,
Rectified Spirit,
Distilled Water, of each, two ounces.

Mix them, and use them as a wash.

Or, Take Muriate of Ammonia, two drachms.

Distilled Vinegar, diluted, two ounces.

Camphorated Spirit, half an ounce.

Solution of Acetate of Lead, twenty-five drops.

Mix them.

mine or tutty, or they may be dressed with a little of what is recommended below,* thinly spread on lint, and so applied to the parts. To prevent the sore from being aggravated by sticking to the woman's clothes, a little cup made of wax may be laid over the nipple, which is the part most apt to suffer. If only one nipple is affected, the child may be confined to the other; but if both are affected, and the pain occasioned by its sucking is too great to be borne, the woman must then desist from the duties of a mother until the excoriations are somewhat healed, taking care however to have her breasts drawn regularly twice or thrice a day. As long as we are under the necessity of applying any of the preparations of lead to the nipples of the mother, it will be prudent not to suffer the child to suck her, as there is reason to fear that it might be materially injured by so doing. Where this cannot however be dispensed with, the part should be well washed with a little warm water each time previous to giving the child the breast.

When great soreness of the nipples has taken place, it has been proposed, with the view of protecting them, to use an artificial teat, by which the child will be able to suck tolerably well, and the nipple itself, being undisturbed, to heal soon. The way in which one of these substitutes is prepared, is to procure a fresh teat from a heifer, and scooping out the inside, to well steep it in cold water, then put it into spirits till an hour or two before using it, when it must be again laid in water to take away the spirituous taste. The teat is then to be wiped dry, and sewn closely and firmly at the edges to the row of holes made in the shield. Such shields are usually made of silver, and may be procured from Mr. Savigny, the instrument maker; but ivory ones turned on the same model will answer equally well. The teat ought to project somewhat longer than the shield, that it may the more readily yield to the infant's mouth. Great attention should be paid to washing the whole thoroughly after suckling, and to keep it constantly in cold water. A woman is often capable of giving milk with a flat or even concave surface, by drawing out the nipple with a glass tube that has a small ball to it, by which a vacuum is produced; immediately after the glass is removed, the child being put to the breast, will keep it out by sucking until satisfied.

* Take Sub-borate of Soda, half a drachm.

Honey, half an ounce.

Wheaten Flour, a sufficiency to give the whole a proper consistence.

MILIARY ERUPTIONS.

In consequence of keeping women very warm, and of using a heating diet, it not unfrequently happens that miliary eruptions, attended with some degree of fever, arise during a puerperal state. Sometimes they are dispersed over the whole body, but they are more usually observed about the neck and chest.

To conduct the patient with safety through the disease, the practitioner must have recourse to the means advised under the head of Miliary Fever. Should the eruptions strike in suddenly, and the pulse sink, blisters, with cordial sudorific medicines and wine, will be proper.

Affections of this nature may, however, be avoided in general by an attention to diet, by keeping the patient's body perfectly open, and her bed lightly covered with clothes, and by admitting a proper and free ventilation through her chamber.

PHLEGMASIA DOLENS PUERPERARUM, OR THE PAINFUL INTUMESCENCE OF THE LOWER EXTREMITY, INCIDENT TO LYING-IN WOMEN.

ALTHOUGH this disease must have existed as long as most of the others to which lying-in women are subject, still it seems to have been only slightly noticed by any of the ancient writers. Mr. White's Inquiry into its nature and causes, which made its appearance in the year 1784, was the first regular treatise on it in this country, and it excited the attention of other practitioners to the complaint. In the year 1792, Mr. Tyre, of Gloucester, published a small essay on the subject; and at different periods since that time, Dr. Ferriar, and Dr. Hull, of Manchester, have written on it.

Phlegmasia dolens appears, however, to be a disease of no frequent occurrence; for Mr. White mentions, that, out of 1897 women delivered at the Westminster General Dispensary, five only were attacked with it; and of 8000 women delivered at the Manchester Lying-in Hospital, and their own houses, no more than four were seized with it. During a practice of forty-five years, only three cases have fallen under my care. When we find practitioners giving in a report of numerous cases which came under their observation, we may, therefore, naturally presume that they have mistaken other diseases for it, such as ana-sarca, phlegmon, erysipelas, abscess, rheumatism, peritonitis, and puerperal fever. The disease, however, to which, in my opinion, it bears the strongest resemblance, is the glandular affec-

tion of the thigh and leg, so frequently met with in the island of Barbadoes, and noticed under the head of Elephantiasis.

The characteristic of phlegmasia dolens is a firm, glossy, warm, tense, elastic, painful, sudden swelling, of a pale white colour, which attacks the hypogastric region, the loins, nates, groin, labium pudendi, thigh, leg, and foot, of a lying-in woman some days after delivery, or miscarriage at an advanced period of pregnancy. Mr. White looks on the swelling of the labium pudendi as an invariable symptom of the disorder; and he asserts, that when one limb only is affected, the intumescence is confined so exactly to the labium pudendi of that side, that if a line were drawn from the navel to the anus it would be found never to go beyond that line in the smallest degree. We are told, however, by Dr. Hull, that the swelling of the labium pudendi is to be considered rather as marking the extent, than serving to characterize the complaint; and he positively denies that this particular symptom is always to be met with; for some cases had fallen under his care in which it did not exist. On this point, as well as on most others relating to the nature and causes of phlegmasia dolens, these gentlemen do not agree in opinion.

Mr. White attributes the proximate cause of the disease in question to an obstruction, detention, and accumulation of lymph in the limb, and imagines the lymphatics to be obstructed as high up at least as where they enter the pelvis under Poupart's ligament, in consequence of some accident happening during labour, or some state peculiar to childbed. He conceives it might probably arise from the continued pressure of the lymphatic vessels by the head of the foetus on the pelvis, which, he says, is often rough and sharp on its ridge, and might be followed by a rupture of these vessels in some part of their course.

The disease has been attributed by Mr. Tyre to an obstruction of the lymphatics: but he apprehends that this originates in the inflammation of the trunk or trunks of these vessels, which inflammation may be excited by pressure or the absorption of some acrimonious matter.

Dr. Denman entertains sentiments pretty similar to those of Mr. Tyre; for he believes the disease to arise first in the inguinal glands by the absorption of some irritating principle in the discharge, the consequence of an unhealthy secretion from the uterus.

Dr. Ferriar is of opinion,* that phlegmasia dolens may exist

* See his *Medical Histories and Reflections*, vol. iii.

independently of every circumstance regarding parturition,* and he does not think it impossible for it to take place before delivery. The violent pressure on the internal iliacs and the accompanying veins and nerves, which takes place during labour, must undoubtedly be considered as a powerful occasional cause of lymphatic inflammation, quite sufficient to account for the phenomena without the supposition of a rupture of the vessels.

He adds, that the constitution is much more irritable, more liable to febrile and inflammatory complaints after than before delivery. The balance of the circulating fluids is suddenly and violently changed ; there are new determinations, new sympathies, produced in a state of debility, agitation, and anxiety. It cannot, therefore, surprise us, that, under circumstances so peculiar, a set of vessels, commonly exempted from inflammatory affections, should take on an unusual disposition.

These theories are rejected by Dr. Hull, as being inadequate to explain the various phenomena of the disease ; and he offers the following, which he conceives to be more consonant to its real nature.† As predisposing and exciting causes to it, he enumerates—1st, The increased irritability and disposition to inflammation which prevail during pregnancy, and in a still higher degree for some time after parturition. 2dly, The over-distended or relaxed state of the blood-vessels of the inferior part of the trunk, and of the lower extremities. 3dly, Contusions, or violent exertions of the muscles about the pelvis and thighs. 4thly, Plethora, occasioned by a suppression or diminution of the lochia, or of the secretion of milk. 5thly, Food taken too freely ; and, 6thly, Standing or walking too much or too early.

The proximate cause he supposes to consist in an inflammatory affection, producing suddenly a considerable effusion of serum and coagulable lymph from the exhalents into the cellular membrane of the limb ; and he thinks that there exists a close connexion between phlegmasia dolens, puerperal fever, peritonitis, and some other disorders.

Such a conclusion, in my humble opinion, is not well founded ; for phlegmasia dolens is a disease as distinct from either puerperal fever or peritonitis as it is possible to be. Little or no inflammatory tendency prevails in the system in this complaint, neither are any of the abdominal viscera, nor their peritoneal

* It certainly may ; for I had a case lately under my care in an aged woman, and of course unconnected with parturition.

† See his Essay on Phlegmasia Dolens.

covering, occupied by inflammation. The disease appears to be of a local nature, and confined to the lymphatics of the limb on the side affected. The slight temporary derangement which takes place in the system appears to be induced wholly by the local affection, pain, and distention.

Phlegmasia dolens generally takes place on one side only at first, and commonly begins in the hypogastric or inguinal region, or in the hip, or top of the thigh, and corresponding labium pudendi, preceded by rigours, and followed by pyrexia. In this case the patient perceives a sense of pain, weight, and stiffness, in some of these parts, which are increased by every attempt to move the pelvis, or lower limb. If the part be carefully examined it generally is found rather fuller or hotter than natural, and tender to the touch, but not discoloured. After a little time the pain increases, always becomes severe, and, in some cases, is highly excruciating : it extends along the thigh, and at length the top of the labium pudendi becomes greatly swelled and distended ; but, on this happening, the pain is usually somewhat alleviated in these parts. It however extends down to the knee, and is generally most severe on the inside and back of the thigh. When it has continued for some time, the whole thigh becomes in its turn swelled, and the pain extending down to the leg and foot, these parts also swell ; but, on the swelling taking place, there is a considerable abatement of pain, and the woman does not experience much except she moves the limb.

The extremity being now swelled throughout its whole extent, appears perfectly or nearly uniform, and is not perceptibly lessened by a horizontal position like an œdematos limb. It is whiter than the natural colour, is hotter than usual, excessively tense, and exquisitely tender when touched. When pressed by the finger in different parts, it is perceived to be elastic, little, if any, impression remaining, and that only for a short time. If a puncture is made into the limb, in some instances no fluid is discharged ; in others, a small quantity of fluid escapes, which does not coagulate, but the whole of the effused matter cannot be drawn off in this way. The swelling of the limb varies both in degree and in the space of time requisite for its full formation. In most instances, it arrives at double the natural size, and, in some cases, at a much greater. In lax habits, and in patients whose legs have been very much affected with anasarca during pregnancy, the swelling takes place more rapidly than in those who are differently circumstanced : it sometimes, in the former

class of patients, arrives at its greatest extent in twenty-four hours, or less, from the first attack.

After some days, generally from two to eight, the febrile symptoms diminish, and the swelling, heat, tension, weight, and tenderness of the lower extremity begin to abate, first about the upper part of the thigh or knee, and afterwards in the leg and foot. Some inequalities are found in the limb, which at first feel like indurated glands; but, upon being more strictly examined, their edges are not so well defined as those of conglobate glands, and they appear to be occasioned by the effused matter being in different degrees of consistence in different points. The conglobate glands of the thigh and leg are sometimes felt distinctly, and are tender to the touch, but are seldom much enlarged; and, as the swelling subsides, it has happened that an enlargement of the lymphatic vessels in some part of the limb has been supposed to be felt.

The febrile symptoms having gradually disappeared, the pain and tenderness of the limb being much relieved, and the swelling and tension considerably diminished, the patient is much debilitated, and the extremity feels stiff, heavy, benumbed, and weak. It seldom, if ever, returns to its former size, but usually is considerably enlarged for the remainder of life, being always more easily affected by cold than the other, and after exercise it will be more stiff and weak than the sound extremity. It sometimes happens, that after the disease abates in one limb, the other is attacked in a similar way, goes through the same stages, and continues much about the same time as the first.

Phlegmasia dolens is often slow in its progress, and tedious in its cure; but it is rarely followed either by suppuration or gangrene; and still more rarely does it terminate fatally; the extravasated fluid being at length taken up, and returned into the circulation, although, from the great distention of the limb, there is usually much tenderness, pain, and a febrile disposition. We are told by Mr. White, that when not complicated with any other disease, he has never known it to have a fatal termination; neither has he ever observed the skin to be so discoloured as to point out the presence of local inflammation: on the contrary, it is of a paler white than ordinary, which circumstance has induced him to name the disease phlegmasia alba dolens puerarum. By Dr. Hull we are, however, informed, that he has seen cases which have terminated in suppuration, as also in death.

With respect to the treatment of phlegmasia dolens, much must be left to the discretion of the practitioner, who ought to prescribe according to circumstances. Should the disease be complicated with any other, such as phlegmon, crysipelas, ana-sarca, thoracic inflammation, puerperal fever, peritonitis, then the means which are advised under these heads must be resorted to, in addition to paying a proper attention to the complaint itself.

When a woman who is of a robust plethoric habit is attacked shortly after delivery with a painful, tense swelling of one of the lower extremities, accompanied by much heat, thirst, restlessness, and other symptoms of pyrexia, the antiphlogistic plan ought certainly to be pursued. Bleeding from the system in a moderate quantity, keeping the body open with saline purgatives, so as to procure one or two motions daily; administering small and frequently repeated doses of some antimonial preparation, to promote a regular and gentle determination to the surface; giving plentifully of diluent liquors; confining the patient to bed; covering her lightly with bed-clothes, and keeping her chamber of a proper coolness, will undoubtedly be highly proper in all such cases. Where nausea exists at the commencement of the attack, an emetic may likewise be advisable, but otherwise it appears unnecessary.

If the irritability or excitability (adopt which term you may) of the system is much increased, and from the severity of the pain in the limb the patient is deprived of rest for a succession of nights, we may with safety and much advantage, having premised proper evacuations, employ opium. The best mode of administering it will be, to combine it with some diaphoretic,* and probably the pulvis ipecac. compos. may be as good a medicine as we can use. Along with the remedies before enumerated, warm bathing, or the semicupium, may possibly be of service.

Such is the general treatment to be adopted in phlegmasia dolens, when arising in a robust or plethoric habit, and where

* Take Solution of Acetate of Ammonia, three drachms.

Camphor Mixture, one ounce.

Tincture of Opium, thirty drops.

Syrup of Poppies, two drachms.

Mix them, and let this draught be taken at bed-time.

Or, Take Tincture of Opium, forty drops.

Solution of Tartarized Antimony, fifteen drops.

Pure Water, one ounce.

Common Syrup, two drachms.

Mix them for a draught.

the febrile symptoms run very high; but the antiphlogistic plan would certainly be improper for a woman of lax fibres, and who has already been much debilitated by floodings, or other evacuations. In all those cases which are marked with general debility, an impoverished state of the blood, and a diminution of the tone and action of the heart and arteries, we should pursue the following course:—

To remove the affection of the system, and at the same time expedite the cure of the local complaint, we should endeavour to restore proper energy to the constitution, as well as improve the state of the blood; and this is to be effected by bitters, chalybeates, and other tonic medicines, a nutritious diet, with a moderate allowance of wine, daily exercise on horseback or in a carriage, but more particularly the latter, and by cold bathing. To assist in carrying off the effused fluid, it may likewise be advisable to employ diuretics, such as the supertartrate of potass, squill, digitalis, &c. combined with cinchona, cascarilla, and other tonics.—See ANASARCA.

Mercury has been recommended both by Mr. Tyre and Dr. Hull in phlegmasia dolens, but I think it is a remedy from which no benefit is likely to be derived, and particularly in debilitated habits.

Our attention is next to be directed to the local treatment. When the limb and labium pudendi are occupied by much pain, and any degree of inflammation, the application of two or three leeches will be proper; after which the parts may be well fomented with flannel cloths wrung out in hot vinegar, renewing these as often as they become cold. This simple mean, unassisted by any other than merely keeping the bowels regular with gentle aperients, such as the neutral salts, has, I understand, been adopted in all cases of phlegmasia dolens with invariable success, in one of the best regulated lying-in hospitals in London. Should it fail, however, in other hands, some more powerful sedative or discutient may be substituted, such as a solution of muriated ammonia in vinegar, or a diluted solution of the liquor plumbi acetatis. A liniment composed of a drachm of camphor, dissolved in an ounce of olive oil, with about ten grains of powdered opium, and used night and morning, will be a good application. Much relief has been received by surrounding the limb with a soft poultice, composed of bran, olive oil, with the addition of half an ounce of *tinctura opii*, and a sufficient quantity of warm

water to give it a proper consistence, renewing it morning and night.

To drain off some of the fluid effused in the limb, it will be advisable in an early stage of the disease, to apply a blister to the calf of the leg, renewing the application from time to time in the neighbourhood of the former, when it ceases to produce the desired effect. In some instances coagulation quickly succeeds the effusion, and therefore neither scarifications nor punctures would be likely to prove beneficial.

Notwithstanding every attention, the complaint often leaves considerable weakness in the leg, requiring a laced stocking or roller applied round it from the bottom to the top, avoiding at the same time much standing or walking. To increase the action of the absorbents in the limb, frequent frictions with rubefacient liniments, or simply with the hand, flannel, or a flesh-brush, may be employed, the effects of which may be assisted by topical cold bathing, or by cold water, fresh or salt, dashed upon the parts, and by electricity. Immersing the limb in a bath of tepid sea-water has sometimes been found beneficial. Probably the application of heat in the manner advised for anasarcaous limbs, might prove serviceable.—See ANASARCA.

HYSERITIS, OR AN INFLAMMATION OF THE UTERUS.*

IN natural labours, as well as in those of a difficult sort, many causes of injury to the uterus and the peritonæum which covers it will be applied. The long-continued action of the uterus on the body of the child, and the great pressure made by its head on the soft parts, will farther add to the chance of injury. Besides these, an improper application of instruments, or an officiousness of the midwife in hurrying the labour, or extracting the placenta, may have contributed to the violence. To these causes may be added exposure to cold, by taking the woman too early out of bed after delivery, and thereby throwing the circulating fluids upon the internal parts, putting a stop to the secretion of milk, or occasioning a suppression of the lochia.

An inflammation of the womb is sometimes perfectly distinct, but it is more frequently communicated to the peritonæum, Fallopian tubes, and ovaria: and having once begun, the natural

* This disease, as well as the two which succeed, belong properly to the class of Pyrexiae: but as the two first do not often occur in the unimpregnated state, and the last is a disease confined to that of the puerperal, I have judged it most proper to insert them all here.

functions of the organ become much disturbed, which event greatly adds to the disease.

It is oftener met with in women of a robust and plethoric habit than in those of lax fibres and a delicate constitution, particularly where they have indulged freely in food of a heating nature, and in a use of spirituous liquors. It never prevails as an epidemic, like puerperal fever, for which it has probably often been mistaken; and to this we may, with some reason, ascribe the difference in the mode of treating the disease which has taken place among physicians.

An inflammation of the uterus shows itself usually about the second or third day after delivery, with a painful sensation at the bottom of the belly, which gradually increases in violence, without any kind of intermission. On examining externally, the uterus appears much increased in size, is hard to the feel, and on making a pressure upon it, the patient experiences great soreness and pain.

Soon afterwards there ensues an increase of heat over the whole of the body, with pains in the head and back, extending into the groins, rigours, considerable thirst, nausea, and vomiting. The tongue is white and dry, the secretion of milk is usually much interrupted, the lochial discharge is greatly diminished, the urine is high-coloured and scanty, and if the inflammation has extended to the bladder, it becomes totally obstructed; the body is costive, and the pulse is full, hard, and frequent.

These are the symptoms which usually present themselves when the inflammation does not run very high, and is perfectly distinct; but when it is so extensive as to affect the peritoneum, those of irritation generally succeed, and soon destroy the patient.

Where the uterus has been ruptured, a vomiting comes on, and the matter thrown up is of a black colour, resembling coffee grounds, the pulse sinks and becomes irregular, cold clammy sweats break out, and frequent syncope ensues.

Uterine inflammation is always attended with much danger, particularly where the symptoms are violent, and the proper means for removing them have not been timely adopted. In such cases it may terminate either in suppuration, scirrhus, or gangrene and mortification.

Frequent rigours, succeeded by flushings of the face, quickness and weakness of the pulse, great depression of strength, delirium, and the sudden cessation of pain and soreness in the region of the

abdomen, denote a fatal termination: on the contrary, the ensuing of a gentle diarrhœa, the lochial discharge returning in due quantity and quality, the secretion of milk recommencing, and the uterus becoming gradually softer and less tender to the touch, with an abatement of heat and thirst, prognosticate a favourable issue.

When shiverings attack the patient after several days' continuance of the symptoms, but little relief can be afforded by medicine, the event being generally fatal. In this case the woman emaciates and loses her strength, becomes hectic, and sinks under colliquative sweating or purging.

Upon opening the bodies of women who have died of this disease, and where it existed in a simple state, little or no extravasated fluid is usually to be met with in the cavity of the abdomen. In some instances the peritonæal surfaces have been discovered free from the disease; while, in others, that portion which covers the uterus and posterior part of the bladder, has been found partially inflamed. The inflammation has been observed in some cases to extend to the ovaria and Fallopian tubes, which, when cut open, are often loaded with blood. The uterus itself usually appears of a firm substance, but is larger than in its natural state, and when cut into, a quantity of pus is often found. Gangrene and mortification are seldom, if ever, to be met with.

By an early attention to the disease on its first approach, we may often subdue it, and prevent the inflammation from proceeding to any great height. Our immediate and speedy care ought, therefore, to be directed towards diminishing the quantity of the circulating fluids, and weakening the action of the heart and arteries; and this is to be done by drawing blood from the system, regulating the quantity which we take away by the violence of the symptoms, the state of the pulse, and the age and habit of the patient. In repeating the operation, we are to be governed by the same circumstances, and by the effect produced by the former evacuation. In plethoric habits, a second or a third repetition may be necessary; but in those who are less robust, if the inflammatory symptoms are not entirely carried off by the first bleeding, it may be more advisable to draw off blood by the application of six or eight leeches to the belly, than to make use of the lancet again.

To remove the tension and alleviate the pain and soreness, flannel cloths wrung out in a warm decoction of bruised poppy-heads and chamomile-flowers, with an addition of about an eighth

of spiritus camphoræ, may be kept pretty constantly applied, throughout the course of the day, to the abdominal region, and at night it may be anointed with a little of the linimentum camphoræ. In using fomentations, due care must, however, be taken that they are not applied so wet as to run about the bed, and thereby occasion inconvenience to the patient.

Some practitioners of late have recommended the application of linen cloths, wetted in camphor mixture and cold water, to the abdomen, instead of warm fomentations.—See Peritonitis.

Injecting tepid water into the uterus morning and evening, by means of a proper syringe, may be likely, I think, to add to the good effects of fomentations externally applied.

Evacuation by purging would be improper in this inflammation; but it would be right to preserve the regular motion of the bowels, by giving, from time to time, as may be found necessary, some gentle laxative, or by administering emollient aperient clysters, which perhaps may be the preferable way of procuring stools, as they not only unload the intestines, but likewise act as fomentations.

In most internal inflammations, blisters prove a useful remedy; but in that of the uterus, their application is attended with the risk of increasing the irritation in the system, and of adding to the inflammation, by affecting the bladder and kidneys. Whenever they are made use of in this disease, with the hope of affording relief, they ought to be sprinkled with camphor, and be applied to the upper part of the thighs, with the view of remote counter-excitement, and the patient should drink plentifully of diluted mucilaginous liquors. Diluents will indeed be proper, whether we have recourse to blistering or not.

To determine to the surface of the body, and excite a gentle perspiration, which often proves highly serviceable in this inflammation, it will be advisable to give diaphoretic medicines. As such, we may employ the pulvis ipecac. compositus, in the quantity of eight or ten grains, repeated every four hours; or the pulvis antimoniaialis, in the quantity of about two grains, and half a grain of opium, made into a bolus, with a little of the confectio rosæ rubræ. These may be washed down with two or three spoonfuls of a saline mixture.

In order to alleviate the pain, (which alone would greatly aggravate the disease,) procure rest, and prevent symptoms of irritation from arising, the use of opium is indispensably necessary; and its dose ought to be increased until the desired effect is

procured. Opium is, however, not to be prescribed in hysteritis, until the inflammation has been subdued by venesection and aperient medicines.

Should a diarrhoea arise spontaneously in the course of this disease, it ought by no means to be checked, unless it proceeds with such violence as to exhaust the woman's strength. Under such circumstances, the *mistura cretae*, with an addition of a small quantity of *tinctura opii*, may be given with advantage. Should the remedy not be found sufficiently powerful in lessening the number of evacuations, three drachms of the *tinctura kino*, or catechu, may be added to about six ounces of the mixture.

Where the inflammation has extended to the bladder, and occasioned a suppression of urine, we must employ the catheter.

Throughout the whole course of the disease, the patient is to be supported by food of a light nutritive nature, and such as is easy of digestion, carefully avoiding all kinds of fermented liquors.

In chronic inflammation of the uterus, or state of scirrhosity, the repeated application of several leeches above the pubes, or to the *perinæum*, the use of gentle laxatives, emollient clysters, and fomentations and blisters to the lower part of the abdomen, frequent immersion of the lower parts of the body in a warm slipper bath, with an antiphlogistic regimen, and detaining the patient as much as possible in a horizontal posture, appear to be the most probable means of affording relief at an early period. *Hyoscyamus* and *conium*, joined with *cinchona* and *opium*, both by the mouth and in the form of clyster, more particularly the latter, to assuage pain, together with injections of tepid water and milk, or of some gently astringent liquor, together with warm bathing, may be the most advisable remedies in the advanced or carcinomatous stage of the disease. In order to prevent excoriation from the acrimony of the discharge, some simple ointment should be applied to the parts over which it passes. —

Too much caution cannot be observed by women in guarding against any exposure to cold after delivery, as they are thereby apt to bring on diseases, which, if they do not prove quickly fatal, not unfrequently leave effects behind them of which they will be sensible the whole future period of their life.

PERITONITIS, OR INFLAMMATION OF THE PERITONÆUM.

THE peritonitis of the puerperal state appears to be only the common inflammation of the peritonæum attacking a woman already labouring under debility, and being somewhat conjoined thereby with puerperal fever.

Peritonæal inflammation frequently occurs in women after delivery, and is produced by the same causes which give rise to an inflammation of the uterus, viz. tedious and difficult labours, officiousness in the midwife, the use of instruments, the application of cold, and administering heating liquors to excess. The disease has, by some authors, been called puerperal fever; but this seems improper, as it neither is attended with contagion nor ever prevails epidemically; and, therefore, the term is more properly applicable to the disorder treated of under that particular head.

In some cases of peritonitis, the inflammation attacks only a small portion of the membrane at first, and is afterwards communicated to the whole of it; and in others, it occupies the whole at once. The patient usually is seized with rigours and shiverings, thirst, fever, and an accelerated pulse, and soon feels considerable pain, with soreness, either in a particular part of the abdomen, or over the whole of it. The uneasiness and pain increasing rapidly, the abdomen becomes puffed up and swelled to a size nearly equal to what it was before delivery. From the inflamed state of the parts, and the exquisite pain which prevails, the very weight of the bed-clothes becomes irksome and insufferable; and, in order to support it, the patient is obliged to lie on her back, with her knees bent in towards her belly. She is, moreover, incapable of bearing the least motion.

The stomach, in most cases, is much affected, and a constant sickness, with a vomiting of bilious matter, ensues. The state of the intestines is variable; sometimes costiveness prevails, at others a purging, and sometimes the body is perfectly regular. The bladder likewise becomes much affected, and there arises a constant inclination to make water, but which comes away, however, in a very small quantity at a time.

As the disease advances, and the tumefaction augments, great difficulty of breathing ensues; and, in consequence of the general determination to the bowels, the secretion of milk becomes much diminished, and is at last entirely stopped; the breasts are flaccid and empty, and the lochial discharge is, perhaps, wholly suppressed.

The system is usually affected with a mixture of general inflammation and symptoms of irritation; the pulse is frequent, small, and contracted, beating about 120 or 130 in a minute; the skin is dry and hot, with flushing of the face and redness of the eyes; the tongue is white and dry, with the prevalence of great

thirst; the appetite is diminished, but not wholly lost; and the patient is restless, uneasy, and gets little or no sleep.

The disease continuing to proceed in its course, all the symptoms become highly aggravated, and at last a total cessation of pain ensues; the pulse becomes still smaller, but is at the same time more frequent; cold clammy sweats break out, the urine and fæces come away involuntarily, the extremities are cold, and the patient is carried off in the course of the sixth, seventh, or eighth day.

Chronic inflammation of the peritonæum is not a very unusual sequela of the acute species, when the patient survives that.

We may regard the following appearances in a favourable light:—The pulse becoming fuller and less frequent, the skin moister and cooler, the respiration less laborious, the urine being voided in a proper quantity and less frequently, the return of the milk in the breasts, the re-appearance of the lochial discharge, a gradual diminution of the pain and tension in the abdomen, with the ability of remaining in a sitting posture, and the coming on of a gentle diarrhœa towards the close of the disease. On the contrary, we are to consider the sudden cessation of pain, with a sinking pulse, effusion, and tumefaction, as fatal symptoms.

Peritonæal inflammation is to be distinguished from enteritis by the pain being permanent; by its being increased by pressure, even before any tension has taken place on the abdomen; by its producing no inclination to go to stool; and by its not being diminished if this evacuation should take place spontaneously.

The appearances on dissection have been those of inflammation in the peritonæum covering the different viscera, as the stomach, liver, spleen, omentum, intestines, &c.; but that which covers the uterus and bladder is usually found in a higher state of inflammation than any other part. Moreover, there is a remarkable change in the omentum, which is frequently as thick as a person's hand,* and there is generally perceived in the cavity of the abdomen a large quantity of a fluid resembling serum, mingled with pus, and intermixed with shreds of coagulable lymph, or portions of solid matter, similar to what is mentioned under the head of Puerperal Fever. It seldom happens that gangrene or mortification of any of the viscera is to be observed; but the intestines are usually greatly distended with air.

In the cure of this disease, nearly the same mode of treatment

* See *Morbid Anatomy*, by Dr. Baillie.

which has been advised for an inflammation of the uterus must be adopted. Bleeding from the system to about sixteen or twenty ounces should therefore be had recourse to at a very early period, particularly where the patient is of a robust, plethoric habit, and with such it may be necessary to repeat the operation within twelve hours. In those cases where there is no mixture of phlegmonous inflammation with the symptoms of irritation, drawing blood a second time, by the application of a dozen leeches applied to the abdomen, may be preferable to taking it away from the arm.

In the pure peritonitis, local blood-letting should never be solely trusted to, and indeed ought not to be advised until there appears some diminution of pain from general bleeding, or till the constitutional effects occasioned by the local inflammation, are partly removed, and the disorder thereby reduced to a state more nearly approaching to a simple topical affection. Then the repeated application of several leeches to the abdomen, so as to keep up a copious flow of blood, will be useful.

An occasional irregularity in the complaint often occurs, which is liable to mislead the practitioner: and that is, at the very first attack there is sometimes so great a degree of prostration of strength or seeming debility, accompanied likewise by a pulse scarcely perceptible at the wrist, as might induce us to consider the patient nearly at the point of death, and unequal to undergo the treatment here recommended. These appearances, however, may be supposed to arise from the inflammation extending to the peritonæal coat of the stomach and intestines. Here the violence of pain and tenderness on pressure must be the chief criterion to determine our practice; but not the state of the pulse; and if they should be found exquisite, no accidental symptom should lead us from trusting chiefly to the lancet. Such a decision will soon be justified by a greater freedom in the action of the arterial system, by an abatement of the languor, and by a diminution of the pain and tenderness.

Emollient and antispasmodic fomentations to the abdomen, by means of flannel cloths wrung out in a warm decoction of equal parts of chamomile-flowers, and bruised poppy-heads, with a small addition of rectified spirit or *spiritus camphoræ*, will be proper remedies in all cases of peritonitis, and ought therefore not to be neglected.

Some cases are recorded in a late publication,* attesting the

* See *Observations on Peritonitis*, by T. Sutton, M. D.

good effects of cold applications by linen cloths dipped in camphor mixture and water, in this disease.

Under an apprehension that the application of a blister to the abdomen might prove injurious by its irritating effect, some physicians have objected to advise it in peritonitis, while others again have recommended it to be employed, under the idea that its determining the inflammation to the external parts, and thereby lessening it on the internal ones, will greatly counterbalance any excitement it may occasion. When the constitutional effects occasioned by the local inflammation are partly removed by general bleedings, and the disorder is reduced to a state more nearly approaching to a simple topical affection, there can be no doubt, I think, of the propriety of blistering the abdomen.

Probably, more benefit might result, generally speaking, not only in this and other visceral affections, by remote counter-excitement, than from the prevailing practice of employing it in the immediate vicinity of the diseased organ. Thus it might prove more remedial to blister the upper parts of each thigh in peritonæal inflammation, and to apply fomentations or linen cloths dipped in camphor mixture and water, as may be judged most proper, over the region of the abdomen. A similar practice is certainly most salutary in phrenitis, and perhaps it might be safely extended to acute affections of the belly and chest.

To empty the bowels freely, it will be necessary to employ active purgatives from time to time. A pill composed of three or four grains of the submuriate of mercury, followed by a full dose of an infusion of senna with sulphate of magnesia, or of castor oil, will not fail to afford relief by promoting several evacuations of fetid and dark stools.

Emollient clysters may be administered during the intervals of our employing purgatives, as they will not only assist in keeping the bowels open, but will act likewise as internal fomentations.

Should there prevail great irritation at the stomach, with frequent vomiting, the patient should be directed to drink freely of diluted mucilaginous liquors, taking every two or three hours a saline draught in the act of effervescence, with an addition of about twelve or fifteen drops of the tinctura opii.

In order to determine the circulating fluids to the surface of the body, and excite a slight degree of perspiration, we should administer small and repeated doses of some diaphoretic ;* and to

* Take Antimonial Powder, two grains.

procure sleep and alleviate pain, having previously bled sufficiently, we may make an addition of opium, increasing the quantity according to its effects. These may be washed down with two or three table-spoonfuls of the *mistura camphoræ*, which will be likely to prove a serviceable medicine.

Where the urine becomes suppressed by the inflammation having extended in a high degree to the bladder, a warm bath, with an occasional use of the catheter, may be necessary.

In the early stage of the disease, where phlegmonous inflammation simply prevails, it might be of service to make use of the nitrate of potass and other refrigerants; but at a more advanced period, and where symptoms of irritation arise, they would be improper. When these ensue, the cinchona bark, with a moderate quantity of wine, ought to be given. Should the stomach not be capable of retaining the powder, a decoction or infusion may be tried, with a small addition of the *tinctura calumbæ*.

If a gentle diarrhoea should come on in the course of the disease, it is by no means to be checked, unless when violent, as it may prove critical.

The spirit of turpentine is a remedy which has been strongly recommended in puerperal peritonitis by Dr. Brenan, of Dublin, and is said to have been employed by him with very favourable effects in several instances of the disease. In extreme or very urgent cases, after the failure of the other means which have been pointed out, it may be worthy of a trial.

Throughout the whole period of the disorder the patient is to be supported by food of a light nutritive nature, administered in small quantities at a time, and repeated frequently, so as never to overload the stomach.

Where effusion in the cavity of the abdomen with tumefaction takes place, no relief can be obtained by medicine: death is the infallible consequence.

Chronic peritonitis, the occasional sequela of acute, especially when the depleting plan has not been sufficiently acted upon, must be treated with leeches, blisters, and small doses of the submuriate of mercury, together with some active cathartic twice a week.

Confection of Roses, ten grains.

Mix them, and take this bolus every four hours.

Or, Take James's Powder, five grains.

Opium, half a grain.

Confection of Orange Peel, a sufficiency to form a bolus.

Or, Take Compound Powder of Ipecacuanha, ten grains for a dose.

FEBRIS PUEPERARUM, OR PUEPERAL FEVER.

GREAT soreness, pain, and tension of the abdomen, short, anxious breathing, uncommon quickness of the pulse, increased temperature of the body, tensive pain over the forehead, peculiar wildness of the eyes, prostration of the vital powers, suppression or diminution of the milk and lochia, a flaccid state of the mammae, and an unnatural condition of the excrements, accompanied by diarrhœa, may be regarded as the pathognomical symptoms of puerperal fever. Its epidemical prevalence at times, is a sufficient characteristic of its nature, because this circumstance never takes place with respect to simple inflammation of the uterus and peritonæum.

It is a disease peculiar to women after delivery, particularly in hospitals, and is supposed to occasion the death of nearly one half of those who die in child-bed. Until of late it had not been much noticed by medical writers, and even now various opinions are entertained with regard both to its nature and the causes producing it. Some have doubted if it deserves the title of specific, or ought to be regarded as of a particular genus; and these have been accustomed to look on it as only a simple modification of the known species of fever, taking its origin from the leaven of the prevailing epidemic constitution, whether inflammatory or putrid, modified by the habit of body, the mode of living, the age and temperament of the patient, the preceding causes, the season of the year, and temperature of the air, &c. Others again have considered the disease as uterine and peritonæal inflammation, accompanied in its progress by fever of a low malignant nature, or typhoid type.* Indeed the diagnosis between puerperal fever and the more common forms of peritonæal and uterine inflammation which occur in the puerperal state, is still obscure and undetermined: the limits bounding some of these cases are so indistinctly marked, that the one case seems to pass imperceptibly into the other.

A stoppage of the lochia has been assigned as one of the causes of puerperal fever; but the circumstance of their being sometimes absent and sometimes present at the attack, and during the progress of the disease, shows their perfect independence of each other. Others again have thought that puerperal fever is produced by the absorption of a putrid sanies arising from dead

* See Facts and Observations relative to the Fever commonly called Puerperal, by J. Armstrong, M. D.

parts of the omentum or mesentery, or some other putrid material in the abdomen or uterus. By a few physicians it has been represented as owing its existence to an undue secretion of milk; while others have supposed that it derived its origin either from a redundancy, or too great acrimony of the bile, the secretion of which appears to be much interrupted during the time of gestation.

The late Dr. Young, professor of midwifery at Edinburgh, was of opinion, that the puerperal fever, strictly so called, is, in every instance, the consequence of contagion: but he contends, that the contagious matter of this disease is capable only of producing its effects in consequence of a peculiar predisposition given by delivery and its consequences. In support of this doctrine he remarks, in a paper read in the Philosophical Society of that city, that for many years the disease was altogether unknown in the lying-in ward of the Royal Infirmary at Edinburgh; but that after it was once introduced into the hospital, almost every woman was, in a short time after delivery, attacked with it; although, prior to delivery, she may have lain even for weeks together, not only in the same ward with the infected, but even in the very next bed. He further remarks, that it was only eradicated from the hospital in consequence of the wards being entirely emptied, thoroughly ventilated, and new painted. After these processes, puerperal females in the hospital remained as free from the disease as formerly.

With respect to the infectious nature of this fever, a great contrariety of sentiment has indeed existed; the probability is in favour of its being so, but it is nearly impossible to form a decided opinion on the subject. Doubtless it will be the safest practice to consider it as infectious, and to cut off all intercourse of pregnant and parturient women with those who labour under it.

The real cause of puerperal fever is obscure, and not yet satisfactorily ascertained. It is, however, certain, that it has a strong tendency to the typhoid type in an advanced stage, although, at its commencement, or during the first twenty-four or thirty-six hours, it is usually attended with inflammatory symptoms, and even with topical inflammation in the abdominal viscera, but more particularly the peritonæum, or membrane which envelopes them.

Under different circumstances, the disease assumes different appearances, and accordingly different distinctions have been laid

down by writers between its various forms; but such distinctions are of no use in practice, and may, perhaps, be productive of embarrassment to the practitioner. We may conclude, I think, that the only essential difference in the cases that ought to be considered puerperal fever, consists in their degree of violence, and their being epidemic, or simply sporadic; for it seems to be admitted that whenever the disease exists epidemically, it is more urgent in all its symptoms.

The period at which women are attacked with this disease is uncertain, as in a few instances it has arisen at the distance of a week after delivery; but the most usual time of its attack is on the third or fourth day after that event. The patient is seized at first with a slight coldness and shivering, succeeded by pains in the head, ringing in the ears, flushing in the face, great anxiety and restlessness. As the disease advances, the whole abdomen becomes affected, is highly painful to the touch, and much tumefied. She likewise feels great pain in the back, hips, and sometimes in the legs, and she performs respiration with difficulty, the breathing being short and laborious, from the pressure against the diaphragm, as well as from an organic affection of the chest itself. If the milk has been previously determined to the breasts, it suddenly disappears on the approach of the disease; but if the attack of fever commences sooner, the milk does not appear. The lochia are altered both in quantity and appearance; the urine is turbid, small in quantity, and voided with pain, and a tenesmus often arises. The skin is hot and dry, the pulse weak and frequent, the number of pulsations being often from 110 to 130 in a minute; thirst prevails, and there is vast prostration of strength, with anxiety, depression of spirits, a disinclination to suckle, carelessness about her child, and watchfulness. To these symptoms are added a tensive pain over the forehead, and a peculiar wildness of the eyes.

A vomiting not unfrequently attacks at the same time, and in so high a degree as to prevent the smallest quantity of food or medicine from being retained on the stomach. The matter thrown up is of a dark porraceous colour, and often of a disagreeable smell. The functions of the primæ viæ are likewise much disturbed. At the commencement they usually go on well; but in the progress of the disease, a severe purging often ensues, particularly in those cases where the abdomen has been much distended, and the dejections are abundant, serous, and putrid. It seldom happens that any violent delirium arises, but the patient

is apt to fall into a low comatose state, wishing by no means to be disturbed.

After one or two days' continuance of these appearances, the fever often acquires a malignant and typhoid tendency, particularly in hospitals and confined situations, or when the state of the atmosphere predisposes to diseases of that nature; the lips, teeth, and tongue are covered with a dark brown fur; aphthæ beset the whole internal surface of the mouth, tongue, uvula, tonsils, and pharynx; the breath is highly offensive; the stools are fetid, of a dark brown colour, and pass off involuntarily; and, in a few cases, purple spots appear on different parts of the body.

Such, in general, is the course of the puerperal fever; the symptoms of which, however, may be often varied, according to the constitution of the patient, the degree of the disease, and its earlier or later invasion after delivery.

Puerperal fever is readily to be distinguished from that affection known by the name of after-pains, by the intervals of ease which attend these last, and by the absence of fever and abdominal tension; whereas in the former there is fever with its concomitant symptoms, great soreness and swelling of the abdomen, and an almost uninterrupted continuance of pain throughout the course of the disease.

Many circumstances evince a dissimilarity between the puerperal and miliary fevers, notwithstanding the symptoms of anxiety and oppression are common to both. In the puerperal fever, the rigour is more violent, of longer duration, and not interrupted, as in the other. The pulse at first is fuller and stronger; the skin is more hot; and the tongue, whether moist or dry, though generally the latter, is not of a white, but brownish appearance.

Peritonæal inflammation is the disease which bears the strongest resemblance to puerperal fever, but it never arises from contagion, or prevails epidemically.

By paying proper attention, we may in general be able to distinguish simple peritonitis from puerperal fever. In the last, the abdominal pain is not the most prominent symptom. There is more despondency, debility, and headache, less heat of the skin, less thirst, and less flushing of the face. In the former, the pain in the abdomen usually increases rapidly after its commencement, and the swelling increases along with it: pressure excites considerable pain, and the fever is inflammatory throughout.

Hysteritis has its proper symptoms, by which it may readily be distinguished from puerperal fever.

The progress of puerperal fever is sometimes so very rapid, particularly in warm climates and hot seasons, as to destroy the patient in forty-eight hours. Even in cases seemingly the most favourable, we should look on the event as doubtful, as the complaint is apt to be accompanied with delusive remissions, and indications arise in its progress which are by no means equal to the danger.

The risk seems however to be greater in proportion as the accession is sooner after labour. When the disease comes on at a late period after delivery, the depression of strength is usually less considerable, the tumefaction of the abdomen is less extensive, and the other symptoms are not so violent, and consequently there will be a greater chance for the woman's recovery.

The reappearance of the lochia, and a gradual subsidence of the abdominal tension and soreness after copious stools, the pulse at the same time becoming slower, with a moist skin, may be regarded in a very favourable light. On the contrary, an agitated countenance, with a hurried, unconnected manner of speaking, constant sighing, attended with a tossing about of the arms, pain and oppression at the chest, visual deceptions, imaginary strange sounds and voices, muttering and stupor, are to be considered as unfavourable symptoms. An extensive swelling of the belly, so as to sound on striking it with the fingers, sudden cessation of pain, irregularity in the pulse, coldness in the extremities, clammy moisture diffused over the whole body, frequent dark-coloured and fetid evacuations by stool, and an indifference to all external objects, denote certain and speedy death.

On a fair computation, three-fourths of the women who have been attacked with this disease have fallen sacrifices to it.

The morbid appearances observed on dissection are usually confined to the abdomen. The first thing that often presents itself is a collection of whey-like fluid in the cavity of the abdomen; which is sometimes so considerable in quantity as to amount to several quarts; and it has a peculiarity of smell, different from any other fluid to be met with in the human body, either in health or disease. Where it is large in quantity, the surfaces of the different viscera and of the peritonæum will usually be found covered with a crust formed of a solid part of this matter, resembling coagulated lymph. If there be any in-

terstices between the intestines or the other viscera, they are frequently filled with large masses of the same, adapted exactly to the shape and size of such interstices. In a few cases, a deposit of a caseous and serous nature has been discovered likewise in the head, breast, and external cellular membrane, as has before been observed. In most instances there is found a slight degree of inflammation in some part of the cavity; but it is not confined invariably to any particular place; as the uterus, ovaria, peritonæum, omentum, intestines, and bladder, have all in their turn been observed in a state of inflammation. In many cases of dissection, a considerable quantity of purulent matter has been found in the cavity of the abdomen.

Upon analyzing the fluid effused into the peritonæal cavity of a woman dying from this fever, it has been found to possess a perfect chemical identity with that furnished by the inflamed pleura. The peritonæal fluid, after depositing a copious whitish precipitate, which afforded albumen to the different re-agents, was of a clear yellowish white colour, and had the property of turning green the syrup of violets. But the nature and proportion of the alkali endowing it with this property, have not been ascertained. The flocculi which float in the abdominal serum of puerperal subjects have been regarded as a cheesy substance, formed of the coagulum of the milk: but this seems erroneous. Ammonia mixed with the substance in question scarcely acts upon it as a solvent, and evaporation develops in it all the characters of albumen.

In a disease where the symptoms come on with such violence, where the progress is so very rapid, and the event so generally fatal, every assistance should be afforded as soon as possible. Unfortunately, however, there has prevailed a great diversity of opinion among physicians relative to the remedies to be employed during its first stage, some advising copious bleeding, and others highly disapproving of its being ever adopted. Under such a contrariety of opinion, it will be best to pursue that plan which seems most congenial to the nature of the disease.

I shall consider puerperal fever admitting of the same variety of treatment with other affections in which an inflammatory disposition prevails on its first attack; but in which a typhoid and malignant tendency is to be observed after a continuance of one or two days.

During the first stage of puerperal fever, (which should not be considered as extending beyond twenty-four or six-and-thirty

hours from its attack,) if the patient complains of abdominal pain and soreness, I am of opinion that we may advantageously resort to venesection, proportioning the quantity of blood that is drawn off to the habit of the patient and the violence of the symptoms. In strong plethoric women, it should not be less than twenty ounces, nor ought it to exceed thirty ; and care should be taken that the orifice is made large, so as to produce a decisive effect at once.—(See Pleurisy.) A repetition of the bleeding ought in general to be avoided ; but if judged indispensable, from the abdominal soreness and pain not being removed or materially alleviated within six hours, a smaller quantity, not exceeding twelve ounces, should be taken away after this interval. It is only during the first stage of puerperal fever, however, that blood-letting is advisable ; this being usually marked by inflammatory symptoms ; whereas characters highly typhoid become manifest during its second stage.

In a few instances of this fever, extreme debility (marked by great depression of strength and a small, feeble pulse) and a typhoid tendency, may be apparent from its commencement. In these it would be improper to draw blood from the arm ; but where there is much abdominal pain, with great soreness, the application of several leeches to the belly may be advisable. In some countries, the application of leeches to the vagina or haemorrhoidal veins has been considered as the best mode of bleeding in this disease, but its inefficacy must be obvious.

The propriety of administering purgatives in puerperal fever has admitted of as much doubt as that of venesection. Some physicians observing that women who die of this fever are generally molested with a diarrhoea, have been induced to consider this symptom as of the most dangerous and fatal tendency, and which ought to be restrained by every possible means ; whilst others again have regarded it rather as critical than symptomatical, and think it ought therefore to be moderately supported instead of being restrained. To procure stools where costiveness prevails, and remove putrid feculent matter, it appears reasonable that we might employ purgative medicines at the commencement of the disease with advantage ; and possibly a few grains of the submuriate of mercury, with a small quantity of rhubarb or jalap, followed up by two or three large spoonfuls of a solution of some neutral salt every hour or two, until copious evacuations are procured, will be most advisable. Where the disease is in an advanced stage, and the patient reduced in

strength, dislodging the contents of the intestines by means of gentle laxatives, assisted by aperient clysters, appears to be the best mode of procuring evacuations, which at this period of the disease are usually of a dark brown colour, resembling coffee grounds, very copious, of the consistence of thick gruel, and with a fetid smell.

In my opinion, the most rational method of treating puerperal fever, but more particularly when attended by abdominal pain and soreness, is to abstract blood, from a large orifice, to a sufficient extent, at the first onset of the disease, and then direct the attention to a free evacuation of the alimentary tube throughout the continuance of the disease, at first by purgatives, and towards the close by aperient medicines and laxative clysters.

A very interesting account of a puerperal fever which was epidemic at Aberdeen, and published by Dr. Alexander Gordon, gives us to understand, that not only purgatives are useful in this disease, but likewise bleeding. He tells us that the disease was infectious; that it seemed to arise from the contagion that was carried by the accoucheur, or nurse, from one lying-in woman to another; and that it began with violent unremitting pain of the abdomen on the day of delivery, or the next, with shuddering, and a very quick pulse, often 140 in a minute. If he saw the patient within twelve or twenty-four hours of her seizure, he took away from sixteen to twenty-four ounces of blood, which was always sлизy. He then immediately gave a cathartic, consisting of the submuriate of mercury and jalap. After this had operated, he prescribed an opiate at night, and so continued the purge and the opiate for several days.

He asserts, that almost all those whom he was permitted to treat in this manner early in the disease, recovered, to the number of fifty, and that almost all the rest died; but that when two or three days were elapsed, the patients became too weak for this method, and the matter was already formed which destroyed them.

Dr. Armstrong is of opinion,* that puerperal fever bears a close analogy to typhus complicated with inflammation of the abdomen, and thinks it ought to be arranged under three varieties, namely, the sporadic, the epidemic, and the chronic. He also is perfectly convinced that bleeding at the first onset of the

* See his *Illustrations of Typhus and other Febrile Diseases.*
— *Treatise on Puerperal Fever.*

disease, assisted by purgatives, are the main remedies to be depended upon under every form ; and he adds, moreover, that it is not simply bleeding and purging in which he places his confidence, but in copious bleeding, immediately succeeded by copious purging, or rather in the powers of these two means simultaneously exerted on the disease at its onset. Mr. Hey, of Leeds,* is also an advocate for the same plan of treating this fever.

It often happens that nausea and a vomiting of bilious matter attend an attack of this fever. In such cases we may recommend a gentle emetic of ipecacuanha to be taken, with a view of cleansing the stomach : but I cannot agree with those who advise a repetition of it, as the operation of vomiting never fails to aggravate the pain, and likewise to exhaust the woman, besides endangering a great degree of irritation in the stomach, to which there is naturally too great a tendency.

Although I object to a repetition of ipecacuanha or antimonials, given so as to produce an emetic effect, still I think they may be administered with some advantage at the commencement of puerperal fever, in such small doses as to determine to the surface of the body. As a diaphoretic, I know of none preferable in the present instance to ipecacuanha, which may be prescribed in doses of about two grains, to be repeated every three or four hours ; or perhaps it may be still more efficacious to give it combined with opium, as in the pulvis ipecacuanhæ compositus. Of this, about six grains made into a bolus, with a small quantity of confection of roses, may be taken as before mentioned, washing it down with a saline draught ; and to make the diaphoretic effect more certain, the patient should drink frequently of diluting liquors, such as whey, barley-water, &c.

To alleviate the soreness and distention of the abdomen, we may recommend the application of fomentations both inwardly and externally ; inwardly, by injecting tepid water into the uterus every four or six hours, and administering emollient clysters from time to time ; and externally, by applying flannel cloths wrung out in a warm decoction of equal parts of chamomile flowers and bruised poppy-heads, with an addition of about one-third of rectified spirit, over the whole region of the abdomen ; and these ought to be renewed as often as they become cold.

* See Treatise on the same, by Mr. Hey.

taking due care that they are not so wet as to run about the bed and incommod the patient.

The warm bath has been recommended by some practitioners, and it often produces a calm and disposes to sleep; but this being the effect of exhaustion, it appears to be a doubtful remedy.

Where the abdominal cavity is highly painful to the touch, and is occupied by extensive inflammation, the application of cold to the parts, by cloths dipped in camphor mixture and cold water, has been attended with a good effect.*

If the soreness and pain are not relieved by the means which have been suggested, then the application of a blister to the upper part of each thigh may be proper. Blistering the abdomen might not be advisable, at least not until the topical abstraction of blood had been adopted by the application of several leeches.—See Peritonitis.

Having employed gentle cathartics at an early period, for the purpose of obviating costiveness and dislodging the putrescent matter from the bowels, we may then with safety have recourse to anodynes administered so as to keep up a constant effect.† The dose of opium must depend on the severity of the pain, and the age and constitution of the patient, and it may be repeated every four or six hours. Opium, when administered in puerperal fever, diminishes the irritability of the system, as well as that of the stomach and intestines. It eases pain, produces sleep, and seems to excite a moderate diaphoresis. In a few instances, I think, I have observed it to obviate or relieve delirium in the same manner as in typhus.

Should there be any great irritation of the stomach, the saline draught with a proper quantity of *tinctura opii* may be given, so as that the effervescence shall take place after it is swallowed, as advised under the head of Simple Fever. Should this medicine also be rejected, the vomiting may perhaps be restrained by opium in the form of pills, and by rubbing the region of the stomach frequently with some strong anodyne liniment. The application of a blister might excite injurious irritation. The

* See Cases of Puerperal Fever, by T. Sutton, M. D.

† Take Cinnamon Water, one ounce.

Tincture of Opium, fifteen drops.

Syrup of Marshmallow, two drachms.

Compound Tincture of Lavender, half a drachm.

Mix them for a draught.

strength must be supported by administering clysters, composed of animal broths and other such nutritive liquids, until the stomach becomes tranquil, and will bear the introduction of proper nourishment.

If a gentle purging arises in the first stage or commencement of the complaint, it ought not to be too hastily stopped, as the fever has in some instances been carried off by such a spontaneous evacuation; but if the disease is of some days' standing, the stools very frequent, the patient much reduced, and no evident relief has been afforded by the diarrhœa, we must then give astringents,* joined with opium, to restrain it; and for ordinary drink she may take the *mistura cornu ustī*. To support the strength, wine may be necessary; and this should be given in a moderate quantity, properly diluted with water, as likewise mixed with the food consisting of preparations of barley, sago, panado, Indian arrow-root, tapioca, and the like, varied now and then by broths, beef-tea, and milk.

The *oleum terebinthinæ* is a medicine, which is highly spoken of by one or two practitioners in this disease, but further experience is requisite to satisfy us that it is deserving of the character ascribed to it.

It has been observed, that this fever, after continuing a day or two, very often acquires a malignant and putrid tendency. Under such circumstances it will be right to have immediate recourse to the bark of cinchona joined with the mineral acids, but more particularly the muriatic, as noticed under the head of *Typhus Gravior*, and to exhibit it freely in as large doses as the stomach will bear. If the powder is readily retained, it ought to be preferred to any other preparation; but if not, a decoction or infusion may be substituted.† Should it be rejected in all these

* Take Confection of Opium, ten grains to one scruple.

Cinnamon Water, one ounce and a half.

Tincture of Kino, two drachms.

Compound Tincture of Lavender, half a drachm.

Mix them. This draught is to be taken three times a day.

Or, Take Chalk Mixture, three ounces.

Pimento Water,

Cinnamon Water, of each two ounces.

Tincture of Catechu, two drachms.

— of Opium, forty-five drops.

Mix them, and take two table-spoonfuls every four hours.

† Take Decoction or Infusion of Peruvian Bark, ten drachms.

Tincture of Cascarilla, two drachms.

Muriatic Acid, eighteen drops.

Mix them. This draught is to be given every four hours.

ways, it may then be given in clysters, with an addition of about five-and-twenty drops of *tinctura opii* to each. If it occasions any purging when taken by the mouth, a few drops of the tincture of opium may be added to each dose.

When there is no disposition to a putrid tendency, it will be best to wait till a remission of the symptoms, or a partial subsidence of febrile action has taken place, before we prescribe a use of the cinchona.

A late physician of eminence* in treating on this disease, observes, that the cinchona, although given by him in the different stages of the complaint with remissions tolerably distinct, by no means answered the intention as a febrifuge; but that in a few cases where the intermissions were complete it had succeeded. He likewise observes, that as a supporter of the general strength, it has been found of less service than might have been expected, on account of the disturbed and very irritable state of the bowels, which it has a tendency to increase. Instead of cinchona, he advises the columba-root† in powder or infusion,‡ in doses to be repeated every four hours.

If hiccups and subsultus tendinum arise in the progress of the disease, recourse must be had to antispasmodics, such as musk, æther, and the like; although it is probable they will avail but little. When any unusual coldness of the extremities is felt, the application of stimulating cataplasms will be proper.

The carbonate of potass is a medicine which is strongly recommended by Monsieur Guinot§ in puerperal fever, as well as in all diseases connected with the secretion of milk in the female breast. He advises it to be given in doses of from ten to twelve grains, three times a day, in any proper vehicle, and to employ at the same time alkalies externally, such as a solution of soap in a decoction of poppy-heads, taking care at the same time not to neglect other remedies indicated by the circumstances and symptoms of the case.

* Dr. Denman.

§ See Extracts from his *Memoir* inserted in the third volume of the *Medical and Physical Journal*, pages 80, 165, 264, and 363.

† Take Powder of Columba, half a drachm.

Opium, half a grain.

Confection of Roses, a sufficiency to form a bolus.

‡ Take Infusion of Columba, ten drachms.

Tincture of Orange Peel, one drachm and a half.

Muriatic Acid, fifteen drops.

Mix them for a draught.

This alkaline treatment he recommends under the idea that the disease is occasioned by the predominance of an acid. Whether it acts by counteracting the acid, dissolving the clotted milk, by neutralizing the acid which may actually exist there, by its action on the organs of perspiration, or by inducing other useful crises, cannot be ascertained; but it appears to have proved very successful and advantageous with other practitioners besides Monsieur Guinot, and may therefore be tried at an early period of the disease. A combination of the carbonate of potass with the cinchona bark might probably be useful in cases of puerperal fever complicated with malignancy.

It would appear that the effluvia of a patient under puerperal fever is an animal poison *sui generis*, capable of acting on pregnant females, their situation giving the predisposition necessary for the operation of its influence. The usual mode of communicating the infection in private practice is by being delivered by some accoucheur who has lately been attending a woman labouring under puerperal fever, or her being visited by female friends who have been where it prevailed. It therefore behoves every practitioner, when he meets with the disease, to observe every possible precaution in changing his clothes, and by careful ablution of his hands to guard against conveying infection to other parturient women: moreover, all pregnant women should be excluded from the house; nor should the nurse or other persons about the sick be permitted to go abroad and visit women in a stage of pregnancy.

To prevent the disease from occurring, it will be proper to keep the patient's mind, both before, during the time of labour, and afterwards, as free from every kind of uneasiness as possible, as anxiety might greatly predispose to an attack of it. She should likewise carefully avoid any exposure to the infection of fever before delivery, as well as to the occasional causes of it afterwards. Every woman lately delivered ought cautiously to guard against cold; but in doing this, her room should at the same time be kept of a proper temperature by allowing a sufficient ventilation.

It being a well-known fact that puerperal fever has been chiefly confined to close apartments and small hospitals, and that since the lying-in chambers have been made more airy and commodious, and the hospitals larger, the disease seldom prevails epidemically or becomes general, due attention should be paid to a free ventilation: for it is by no means improbable that a cool

air in a lying-in chamber will frequently prevent, and its opposite be likely to induce the phenomena of puerperal fever.

The patient should observe the strictest cleanliness both as to herself and the bedding. On the coming of the milk, her breasts ought to be drawn repeatedly throughout the course of the day, by some person accustomed to the business, or by applying the child; her body should be kept perfectly open after she is delivered, as well as before her confinement, by some mild purgative medicine, and she should abstain from all food of a heating or irritating nature.

An upright posture will be most proper, in order to discharge more readily any putrescent matter that may be in the uterus.

When the disease prevails as an epidemic among puerperal women, or occurs in a lying-in hospital, all communication ought immediately be cut off between those who are affected and such as have lately lain in, or expect shortly to do so; and in order to root out the disease and stifle contagion, we should have recourse to fumigations, as advised under the heads of Malignant Fever and Dysentery, and afterwards to painting, white-washing, and a free ventilation.

In situations where puerperal fever has been prevalent, some advantage may be obtained by giving a decoction of the bark of cinchona with tincture of opium and cordials immediately after delivery. These will in some measure enable lying-in women to resist the powers of contagion.

MANIA PUPERARUM.

THE characteristics, symptoms, and treatment of madness arising in women after delivery are fully detailed under the head of Mania, which see.

INVERSIO UTERI.

THIS complaint consists in the inversion of the cavity of the uterus, so that the fundus comes through the os uteri, consequently that part which was formerly the inside of the cavity becomes now the outside of a tumour, either in or projecting from the vagina. It most commonly is the consequence of mismanagement of the placenta, by the midwife or accoucheur being in too great a hurry to extract it.

Its immediate effects are haemorrhage, faintness, and a sense of fulness in the vagina.

When early discovered, the uterus may easily be reduced to its natural situation. If the placenta be adhering to the womb, the latter should be reduced before any separation of the former be attempted, to prevent hæmorrhage.

PROCIDENTIA UTERI.

THIS complaint consists (as the name implies) in a change of the situation of the womb, by which this organ falls much lower than it ought to do. In some cases it absolutely protrudes entirely without the vagina. The slighter cases are therefore named a bearing down, and the more violent ones a descent or falling down of the uterus. The complaint is met with in women of every rank and age; but more frequently in those who have had several children than in such as have not had any.

Every disease which induces general debility, or local weakness in the passage leading to the womb in particular, may lay the foundation of this complaint; hence immoderate venery, frequent miscarriages, improper treatment during labour, and too early or a long-continued erect posture of the body soon after delivery, and in some cases after abortion, are in married women the most common causes of procidentia uteri. At this time the womb weighs eight or ten times more than when unimpregnated, and descends by its gravity. In the unmarried it is apt to take place in consequence of violent exercise, such as jumping, dancing, riding, lifting heavy weights, &c. while out of order.

The proximate or immediate cause of prolapsus uteri is relaxation of the broad and round ligaments above, and want of tone in the vagina below.

The disease comes on generally with an uneasy sensation in the loins whilst standing or walking, accompanied now and then with a kind of pressure and bearing down, as also pains in the groins extending to the labia. There is a sense of fulness in the parts, and probably an increased discharge of transparent mucus from the vagina. All the symptoms are relieved by a recumbent position. In procidentia uteri the symptoms arising from the uterogastric sympathy are in many cases very distressing; the appetite fails, the stomach and bowels lose their tone, flatulence and borborygmi are troublesome, considerable debility ensues, the spirits are depressed, employment and exercise become irksome, and life at last is scarcely desirable. The discharge varies much at times, the menstrual flow usually is increased, and menorrhagia not unfrequently attends. Before the external pro-

trusion of the tumour, the discharge is greater than afterwards, because the surface of the vagina ceases to secrete when permanently exposed to the air. After a time, patches of healthy looking ulceration attack the exposed vaginal surface, but seldom go deep: and the os uteri is not unfrequently assailed by one of these.

By neglecting to pay proper attention to the early symptoms and threatenings of the disease, the woman becomes at length incapable of making water without first lying down or pushing up the swelling which seems to impede the discharge of urine; and if the complaint continues to increase, the womb is actually forced out of the parts, and takes on the form of a bulky substance hanging down between the thighs. This severe degree of the disorder seldom occurs, however, among women in northern climates, except in those who have had many children, and are at the same time of a relaxed and feeble frame; but in warm climates it is very frequently to be met with, and particularly in negroes and mulattoes, among whom I often observed the protruded parts considerably ulcerated, and occasioned, no doubt, by external irritation and a neglect of cleanliness.

Although procidentia uteri is a local disease, it is frequently productive of several distressing symptoms which undermine the constitution. These principally arise from the disturbed functions of the stomach and bowels, and an impaired condition of the nervous system.

In its early stages, if conception should take place, a confinement for some weeks in a recumbent position on a sofa or bed will often enable the parts to regain their tone, so as to render subsequent artificial assistance unnecessary. Where pregnancy does not exist we must have recourse to art. If the disease is of long standing it may be difficult to effect a cure.

In the treatment of procidentia uteri, the curative intentions are to increase the tone of the relaxed parts, both topically and through the constitution, and to support the tumour: topically by cold and by astringents. Cold water ought to be applied to the parts of generation, as also to the belly and back, by means of a large sponge, three or four times a day, the water being as cool as possible. Cold water may also be thrown into the vagina as frequently by means of a syringe. In very slight cases, these means, assisted by a horizontal position, may be sufficient; but in cases of some standing, astringent washes should be substituted for simple water. Alum combined with zinci sulphas dissolved

in a decoction or infusion of some vegetable astringent, such as *thea viridis*, *petala rosæ rubræ*, *cortex quercus*, *cortex granati*, *gallæ*, &c., will make an appropriate injection, various formulæ of which are given under the head of *Leucorrhœa* and *Gonorrhœa Simplex*, as also below.*

In aid of topical applications, tonics must be administered internally, especially the bitter tonics, as *gentian*, *columba*, &c., with *cinchona* and *sulphuric acid*: for various formulæ of these, see *Dyspepsia*.

A due attention must be paid at the same time to the state of the bowels, and this be nicely regulated: the extreme of constipation and diarrhœa being equally injurious. Aperients of the mildest nature, when requisite, are therefore only to be employed. The bladder should never be suffered to contain a large quantity of urine. When the stomach is not previously much weakened, the use of a cold bath may prove a valuable auxiliary to the other means; and a salt water bath will be preferable to one of fresh water.

In every case of *procidentia uteri*, the recumbent posture on a sofa or hard mattress as much as possible ought to be enjoined, keeping the room at the same time as cool as may be consistent with the patient's feelings. The diet should be generous and nutritive, and a moderate quantity of wine be allowed. As exercises, swinging in a cot or hammock, and riding in an easy carriage, will be most appropriate.

If the disease resist these remedies, or it shall appear from the first unnecessary to employ them from any idea of their ineffectiveness, the only relief that can then be afforded, unless the woman becomes pregnant, is to be obtained by wearing a pessary. This is usually made either of wood or ivory, and if properly adapted to the passage and of a fit construction, may be worn without much inconvenience, or any pain. Whenever such an instrument is used, certain attentions will, however, be necessary. Thus, the pessary should never be allowed to remain in the pas-

* Take *Oak Bark*, two ounces.

Pure Water, two pints.

Boil it down to one pint, and to the strained liquor add

Alum, one drachm and a half.

Sulphate of Zinc, half a drachm.

Mix them for an injection.

Or, Take *Alum*, four scruples.

Superacetate of *Lead*, half a scruple.

Rose Water, ten ounces.

Mix them for an injection.

sage above a few days at a time, otherwise it may become the source of some irritation. It ought, therefore, to be withdrawn occasionally on going to bed, be well cleaned, lest the secreted matter attached to it become acrimonious, and be re-introduced in the morning before the patient quits her bed.

Pessaries are always either circular or oval; the former can only be used where the disease has not made much progress, and when the tone of the vagina is not much impaired. It will seldom be safe to introduce a circular pessary, the diameter of which exceeds two inches and a half; it should be large enough however to keep the situation in which it is placed, else it will slip away; but it should not be of such a size as to incommod the woman, or to injure the parts by its pressure. Occasionally the pessary should be changed for one of a smaller size, as the vagina recovers its proper tone. The oval pessary rests with its longest diameter across the vagina, neither interfering with the rectum nor urinary passages. It seems best adapted for those cases in which the tone of the vagina is so much diminished as to require a large support. Its longest diameter ought not to exceed three inches and three quarters.* All pessaries ought to be introduced with great care, and be placed as high up in the vagina as possible.

Before any attempt is made in the reduction of prolapsus uteri, it will first be necessary to empty the bladder and rectum: this being done, let the patient be so placed as that the pelvis shall be much higher than the shoulders. The practitioner is then to apply his fingers and thumb to the lower part of the tumour where the os uteri is situated, and by a gentle and gradual pressure this is to be carried up into the centre of the tumour itself. The pressure is afterwards to be continued until the parts are returned into their proper place. A pessary is then to be introduced, and the patient to be enjoined to remain in a recumbent posture for several hours.

Where a woman who is liable to prolapsus uteri becomes pregnant, there will be no occasion for the pessary after the third month, and by proper treatment after delivery, a return of the complaint may probably be prevented.

In married women, whilst there remains a possibility of pregnancy, the hope of a radical cure continues, because the processes to which the vagina and parts connected with it are sub-

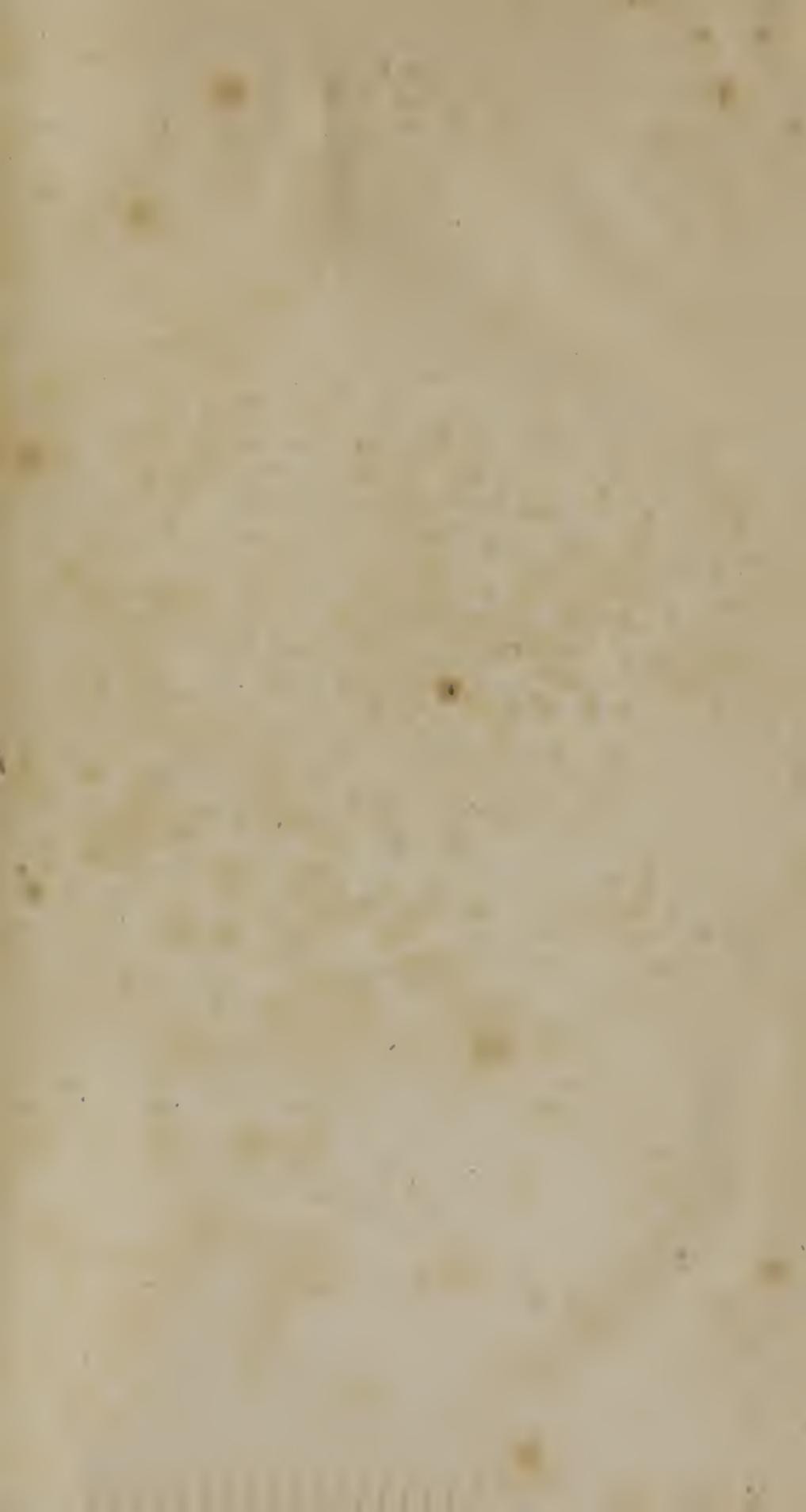
* See *Observations on the Diseases of Females*, by Charles M. Clarke.

jected after parturition, often produce a permanent reduction of the tumour. In these cases the principal remedies therefore are pessaries. But the complaint frequently remains after the period of menstruation is over, and when all likelihood of a radical cure is done away. In cases of this nature, Dr. Hamilton, of Edinburgh, has attempted by exciting artificial inflammation of the vagina, to procure an adhesion of its sides, and thus to form what he terms a fleshy pessary. Unhappily Dr. Hamilton failed in the experiment which he made for this purpose.

A powerful stimulant is certainly required to produce in the vagina and other canals lined with a mucous membrane, that kind of inflammation which forms coagulable lymph; for in these parts a slight degree of inflammation occasions pus to be poured forth, but a greater is demanded for the formation of lymph, exactly the contrary to what occurs in most other parts of the animal body. Mr. John Hunter says,* that he produced adhesive inflammation in the vagina of an ass, by injecting a strong solution of the oxymuriate of mercury. The remedy would by no means, however, be advisable in a woman.

* See his Treatise on the Blood, p. 240.

THE END.



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